Billing Information Sheet



Your agency must complete the following:

CPR - ALD 7/1/2018

Publish in the <i>New Mexic</i>	to Register
Volume: XXXV	Issue: 9 Publication date: 05/07/2024
Agency's 3-digit DFA cod	de: 665
Purchase order 15-digit	number: 66500-0000197166
Agency name: Division name (if applica Street address or P.O. B City, State and Zip code	P.O. Box 26110
Contact person's name: Contact person's phone Contact person's e-mail	
Notice name (if submitti Example: Notice of Rule	S ,
	and rule name (if filing an amendment, repeal & replace, repeal, new rule etc., Hunting and Fishing License Application
16.11.2 NMAC, Ce	tified Nurse-Midwives
Electronic file name(s):	16.11.2repeal and 16.11.2
(ALD Use Only)	
Analyst's initials: (ALD Use Only)	Pamela Lujan y Vigil

Instructions for Completing the BILLING INFORMATION SHEET



Your agency must complete the following:

New Mexico Register Volume number: Issue number: Publication date:

Example: Volume: XXVIII, Issue: 19, Publication date: October 17, 2017

Agency's 3-digit DFA code: Example: 123

Agency's 15-digit purchase order number: Example: 12300-000004567

Agency's name:

Division name (if applicable): Street address or P.O. Box: City, State and Zip code:

Contact person's name:

Contact person's Phone number: Contact person's E-mail address:

Note: Complete one or the other of the following fields unless submitting a notice AND filing a rule.

Notice name, if submitting a notice of rulemaking

Example: Notice of Regular Board Meeting and Rulemaking Hearing

OR

Rule NMAC number and rule name, if filing a new rule, an amendment, a repeal or replacement. Example: 19.31.3 NMAC, Hunting and Fishing License Application

Last 2 fields are for Administrative Law Division staff use only.