

STATE OF CALIFORNIA--OFFICE OF ADMINISTRATIVE LAW  
**NOTICE PUBLICATION/REGULATION SUBMITTAL** (See instructions on reverse)

For use by Secretary of State only

STD. 400 (REV. 01-2013)

OAL FILE NUMBERS	NOTICE FILE NUMBER <b>Z-2016-0428-01</b>	REGULATORY ACTION NUMBER <b>2017-0512.03SR</b>	EMERGENCY NUMBER
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**ENDORSED - FILED**  
 in the office of the Secretary of State  
 of the State of California

**JUN 22 2017**  
 1:47 PM

For use by Office of Administrative Law (OAL) only	
NOTICE	REGULATIONS

**2017 MAY 12 P 2:04**  
 OFFICE OF  
 ADMINISTRATIVE LAW

AGENCY WITH RULEMAKING AUTHORITY Department of Food & Agriculture	AGENCY FILE NUMBER (if any)
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**A. PUBLICATION OF NOTICE (Complete for publication in Notice Register)**

1. SUBJECT OF NOTICE	TITLE(S)	FIRST SECTION AFFECTED	2. REQUESTED PUBLICATION DATE
3. NOTICE TYPE <input type="checkbox"/> Notice re Proposed Regulatory Action <input type="checkbox"/> Other	4. AGENCY CONTACT PERSON	TELEPHONE NUMBER	FAX NUMBER (Optional)
<b>OAL USE ONLY</b> <input type="checkbox"/> Approved as Submitted <input type="checkbox"/> Approved as Modified <input type="checkbox"/> Disapproved/Withdrawn	ACTION ON PROPOSED NOTICE		NOTICE REGISTER NUMBER <b>2016, 20-2</b>
			PUBLICATION DATE <b>5/13/2016</b>

**B. SUBMISSION OF REGULATIONS (Complete when submitting regulations)**

1a. SUBJECT OF REGULATION(S) Standards/Labeling; Inspection Protocol	1b. ALL PREVIOUS RELATED OAL REGULATORY ACTION NUMBER(S) 2017-0207-085
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2. SPECIFY CALIFORNIA CODE OF REGULATIONS TITLE(S) AND SECTION(S) (Including title 26, if toxics related)	
SECTION(S) AFFECTED (List all section number(s) individually. Attach additional sheet if needed.)	ADOPT <b>2320.5</b>
	AMEND 2300, 2303, 2304, 2307, 2308, 2312, 2315, 2319, <del>2320</del> , 2322, 2323, <b>2300.1, 2320.1, 2320.2, 2324</b>
TITLE(S) 3	REPEAL

per agency request

3. TYPE OF FILING			
<input type="checkbox"/> Regular Rulemaking (Gov. Code §11346)	<input type="checkbox"/> Certificate of Compliance: The agency officer named below certifies that this agency complied with the provisions of Gov. Code §§11346.2-11347.3 either before the emergency regulation was adopted or within the time period required by statute.	<input type="checkbox"/> Emergency Readopt (Gov. Code, §11346.1(h))	<input type="checkbox"/> Changes Without Regulatory Effect (Cal. Code Regs., title 1, §100)
<input checked="" type="checkbox"/> Resubmittal of disapproved or withdrawn nonemergency filing (Gov. Code §§11349.3, 11349.4)	<input type="checkbox"/> Resubmittal of disapproved or withdrawn emergency filing (Gov. Code, §11346.1)	<input type="checkbox"/> File & Print	<input type="checkbox"/> Print Only
<input type="checkbox"/> Emergency (Gov. Code, §11346.1(b))		<input type="checkbox"/> Other (Specify) _____	

4. ALL BEGINNING AND ENDING DATES OF AVAILABILITY OF MODIFIED REGULATIONS AND/OR MATERIAL ADDED TO THE RULEMAKING FILE (Cal. Code Regs. title 1, §44 and Gov. Code §11347.1) October 11, 2016 - October 25, 2016, March 29, 2017 - April 12, 2017, <b>April 25, 2017 - May 10, 2017</b>
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5. EFFECTIVE DATE OF CHANGES (Gov. Code, §§ 11343.4, 11346.1(d); Cal. Code Regs., title 1, §100)			
<input checked="" type="checkbox"/> Effective January 1, April 1, July 1, or October 1 (Gov. Code §11343.4(a))	<input type="checkbox"/> Effective on filing with Secretary of State	<input type="checkbox"/> \$100 Changes Without Regulatory Effect	<input type="checkbox"/> Effective other (Specify) _____

6. CHECK IF THESE REGULATIONS REQUIRE NOTICE TO, OR REVIEW, CONSULTATION, APPROVAL OR CONCURRENCE BY, ANOTHER AGENCY OR ENTITY			
<input type="checkbox"/> Department of Finance (Form STD. 399) (SAM §6660)	<input type="checkbox"/> Fair Political Practices Commission	<input type="checkbox"/> State Fire Marshal	
<input type="checkbox"/> Other (Specify) _____			

7. CONTACT PERSON Nick Young	TELEPHONE NUMBER (909) 266-7994	FAX NUMBER (Optional)	E-MAIL ADDRESS (Optional) nick.young@cdfa.ca.gov
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8. **I certify that the attached copy of the regulation(s) is a true and correct copy of the regulation(s) identified on this form, that the information specified on this form is true and correct, and that I am the head of the agency taking this action, or a designee of the head of the agency, and am authorized to make this certification.**

SIGNATURE OF AGENCY HEAD OR DESIGNEE <i>Kevin P. Masuhara</i>	DATE <b>4/24/17</b>
TYPED NAME AND TITLE OF SIGNATORY Kevin Masuhara, Deputy Secretary	

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**ENDORSED APPROVED**  
**JUN 22 2017**  
 Office of Administrative Law