

**State of California  
Office of Administrative Law**

**In re:**  
Bureau of Automotive Repair

**Regulatory Action:**

**Title 16, California Code of Regulations**

**Adopt sections:** 3395.5  
**Amend sections:** 3340.1, 3340.10, 3340.28,  
3395.4

**Repeal sections:**

**NOTICE OF APPROVAL OF REGULATORY  
ACTION**

**Government Code Section 11349.3**

**OAL Matter Number: 2016-0615-04**

**OAL Matter Type: Regular (S)**

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This action (1) updates disciplinary guidelines; (2) allows the Board to proceed with discipline against a license even if the license is redesignated to another status as a result of a new licensing structure; and (3) makes changes without regulatory effect.

OAL approves this regulatory action pursuant to section 11349.3 of the Government Code. This regulatory action becomes effective on 7/28/2016.

**Date:** July 28, 2016

  
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Mark Storm  
Senior Attorney

**For:** Debra M. Cornez  
Director

**Original:** Patrick Dorais  
**Copy:** Nina Tantraphol

# REGULAR

(See instructions on reverse)

For use by Secretary of State only

STD. 400 (REV. 01-2013)

<b>SALE FILE NUMBERS</b>	NOTICE FILE NUMBER <b>Z-2015-1030-64</b>	REGULATORY ACTION NUMBER <b>2016-0615-049</b>	EMERGENCY NUMBER
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For use by Office of Administrative Law (OAL) only	
RECEIVED FOR FILING PUBLICATION DATE  OCT 30 '15      NOV 13 '15  Office of Administrative Law  NOTICE	2016 JUN 15 P 12:35  OFFICE OF ADMINISTRATIVE LAW  REGULATIONS

**ENDORSED - FILED**  
 In the office of the Secretary of State  
 of the State of California

**JUL 28 2016**  
 3:19 pm

AGENCY WITH RULEMAKING AUTHORITY Bureau of Automotive Repair	AGENCY FILE NUMBER (if any)
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**A. PUBLICATION OF NOTICE (Complete for publication in Notice Register)**

1. SUBJECT OF NOTICE Disciplinary Guidelines	TITLE(S) 16	FIRST SECTION AFFECTED 3340.1	2. REQUESTED PUBLICATION DATE 11/13/15
3. NOTICE TYPE <input checked="" type="checkbox"/> Notice re Proposed Regulatory Action <input type="checkbox"/> Other	4. AGENCY CONTACT PERSON Nina Tantraphol	TELEPHONE NUMBER 916-403-8534	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 Disapproved/Withdrawn	NOTICE REGISTER NUMBER 2015-46-2	PUBLICATION DATE 11-13-2015	

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

1a. SUBJECT OF REGULATION(S) <b>DISCIPLINARY GUIDELINES</b>	1b. ALL PREVIOUS RELATED OAL REGULATORY ACTION NUMBER(S)
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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>3395.5</b>
	AMEND <b>3340.1, 3340.10, 3340.28, 3395.4</b>
TITLE(S) <b>16</b>	REPEAL

3. TYPE OF FILING

<input checked="" 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 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, §11345.1(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)  
**1/29/16 - 2/12/16**

5. EFFECTIVE DATE OF CHANGES (Gov. Code, §§ 11343.4, 11346.1(d); Cal. Code Regs., title 1, §100)

<input type="checkbox"/> Effective January 1, April 1, July 1, or October 1 (Gov. Code §11343.4(e))	<input checked="" type="checkbox"/> Effective on filing with Secretary of State	<input type="checkbox"/> §100 Changes Without Regulatory Effect	<input type="checkbox"/> Effective other (Specify) _____
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6. CHECK IF THESE REGULATIONS REQUIRE NOTICE TO, OR REVIEW, CONSULTATION, APPROVAL OR CONCURRENCE BY, ANOTHER AGENCY OR ENTITY

<input checked="" 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 <b>NINA TANTRAPHOL</b>	TELEPHONE NUMBER <b>916-403-8534</b>	FAX NUMBER (Optional)	E-MAIL ADDRESS (Optional) <b>nina.tantraphol@dca.ca.gov</b>
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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 	DATE <b>6/14/2016</b>
TYPED NAME AND TITLE OF SIGNATORY <b>AWET KIDANE, DIRECTOR, DEPT OF CONSUMER AFFAIRS</b>	

For use by Office of Administrative Law (OAL) only

**ENDORSED APPROVED**  
  
**JUL 28 2016**  
  
 Office of Administrative Law