DECISION DOCUMENTATION FORM CONFIDENTIAL- MAY CONTAIN PRIVILEGED MATERIAL

| Summarize the requirement at issue, including the citation of the specific law, rule, policy or contract provision. Attach copies of the law, rule, policy or contract provision at issue. |
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| Date Issue Identified to Compliance: |
| Was legal counsel consulted? — Yes — No If yes, include legal counsel's advice in your file or reference file location of advice but DO NOT provide copies of the opinion/advice to anyone externally due to the privileged nature of the communication (any decision to waive the privilege is made by the governing body in consultation with counsel). |
| Was the applicable government agency, third party payor or contracting party consulted? |
| □ Yes □ No |
| If yes, list who was contacted: |
| |
| Attach copies of the communications or if the communication was verbal, attach a summary of the verbal discussion, including names, titles and contact information for all individuals involved in the discussion and the date of the discussion (if you called a general phone number provide the phone number called) |
| Summarize the organization's efforts to understand the requirement at issue including listing who was involved internally and externally (DO NOT include legal advice but attach or reference the file location, if applicable). Attach any information provided by internal or external experts, like consultants. |
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This material is intended for educational and informational purposes only. This document is not intended to be legal advice and is only an example. Legal advice must be tailored to the specific circumstances and users are responsible for obtaining such advice from their counsel.

| Based on the above, desc | cribe the organization's interp | pretation of the above require | ement and rationale: |
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| Signature | | Date | |
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| Name/Title | | | |
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| by Compliance and the i form and attached hereto The below information r | this form and the above requirements subject-matter experts o, including if the requirement reflects the date(s) this document as supplemental form is | (s). Any changes are docume t has been terminated or is n tent was reviewed and signed | ented on a supplemental to longer applicable. |
| Date of Review | Signature & Name | and Title of Reviewer | |
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| (attach more dates/sign | natures if needed) | | |
| Complete if Form Te | rminated Due to Subsequ | ent Change: | |
| Complete in Form 10 | | Car Carrier. | |
| Date Terminate | | | |
| Attach document w/ ra | ationale for termination (i.e | ., new regulation, addition | nal guidance, etc) |

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