

**FISCAL ESTIMATE WORKSHEET**  
 Detailed Estimate of Annual Fiscal Effect  
 DOA-2047(R06/99)

ORIGINAL       UPDATED  
 CORRECTED       SUPPLEMENTAL

LRB or Bill No./Adm. Rule No. <b>Chapter Comm 5</b>	Amendment No.
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**Subject**  
 Building Contractor Registration

**I. One-time Costs or Revenue Impacts for State and/or Local Government (do not include in annualized fiscal effect):**

<b>II. Annualized Costs:</b>	<b>Annualized Fiscal Impact on State funds from:</b>	
	<b>Increased Costs</b>	<b>Decreased Costs</b>
<b>A. State Costs By Category</b>		
State Operations - Salaries and Fringes	( 0 FTE)	( -
(FTE Position Changes)	0	-
State Operations - Other Costs	0	-
Local Assistance	0	-
Aids to Individuals or Organizations	\$ 0	\$ -
<b>TOTAL State Costs By Category</b>	<b>0</b>	<b>-</b>
<b>B. State Costs By Source of Funds</b>	<b>Increased Costs</b>	<b>Decreased Costs</b>
GPR	0	-
FED	0	-
PRO/PRS	\$ 0	\$ -
SEG/SEG-S	0	-
<b>III. State Revenues- Complete this only when proposal will increase or decrease state revenues (e.g., tax increase, decrease in license fee, etc.)</b>	<b>Increased Rev.</b>	<b>Decreased Rev.</b>
GPR Taxes	10,750	-
GPR Earned	\$ 10,750	\$ -
FED		
PRO/PRS		
SEG/SEG-S	0	0
<b>TOTAL State Revenues</b>	<b>10,750</b>	<b>0</b>

**NET ANNUALIZED FISCAL IMPACT**

	<u>STATE</u>	<u>LOCAL</u>
<b>NET CHANGE IN COSTS</b>	\$ _____	\$ _____
<b>NET CHANGE IN REVENUES</b>	\$ _____	\$ _____

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Agency/Prepared by: (Name & Phone No.)

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Authorized Signature/Telephone No.

Date