







## Informal Fact-Finding Conference Recommendations

Date:

Hearing Officer:

Certificate Number:

Owner/D-O/Salesperson:

Found in Violation:

Hearing Officer Recommendation:	Statement of Explanation:
<input type="checkbox"/> No Further Action	
<input type="checkbox"/> Warning	
<input type="checkbox"/> Civil Penalty	
<input type="checkbox"/> Revocation	
<input type="checkbox"/> Suspension	
<input type="checkbox"/> Satisfactory Inspection Required	
<input type="checkbox"/> Dealer-Operator Class Required	
<input type="checkbox"/> Salesperson License Approved	
<input type="checkbox"/> Salesperson License Denied	
<input type="checkbox"/> Other	