



Request for Stop Order Appeal Hearing

CASE NUMBER	INVESTIGATOR
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I, _____, as owner, corporate officer, or having the power of attorney, hereby request an appeal hearing for the Stop Order listed below. *(Please provide the requested information below or attach a copy of the Stop Order being appealed.)*

STOP ORDER NUMBER	ISSUE DATE	ISSUED BY

NAME	TITLE
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BUSINESS NAME

ADDRESS <i>(include street, city, state, and zip code)</i>	PHONE NUMBER	FAX NUMBER
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I AM ALSO REQUESTING A TRANSLATOR FOR THE FOLLOWING LANGUAGE *(indicate preference)*

REASON FOR APPEAL

I understand that I have the right to an appeal hearing within five (5) days of filing a written request for a hearing. The five-day period will begin once CSLB receives the written request.

I, hereby, voluntarily waive this time limit. Yes No

SIGNATURE	DATE
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MAIL AND/OR FAX TO:	
BUSINESS NAME	FAX NUMBER

STREET ADDRESS *(include street, city, state, and zip code)*

REQUEST FOR STOP ORDER APPEAL HEARING RECEIVED BY CSLB ON