

## Other Recommendations for HQ LIC Cases

*(For Headquarters Licensing Operations cases, this page may be used by other reviewers and/or Headquarters Licensing management.)*

Bank Name:

City, State:

Application Control Number:

Application from *(name of bank, city, and state)* to *(type of application and description of request)*:

[Include recommendation and appropriate comments<sup>1</sup>.]

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Reviewer's Name  
Reviewer's Title

Date:

or

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Director's Name  
Director for (Name of Division)

Date:

or

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Deputy Comptroller's Name  
Deputy Comptroller for Licensing

Date:

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<sup>1</sup>Each person should use a separate page to provide his/her recommendation.