

RES #11-4

DRIVER AND VEHICLE SERVICES DIVISION
445 MINNESOTA ST., SUITE 180
ST. PAUL, MINNESOTA 55101-5180
(651) 296-2025 TTY (651) 282-6555



PAGE: 1
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MAILING DATE: 10/12/10
S26

STATE OF MINNESOTA
DEPARTMENT OF PUBLIC SAFETY
SAINT PAUL 55101

DS CODE: P-706-139-535-313
DOB : 10-12-69

ABDINASIR MOHAMED NOH
135 WINNIPEG AVE APT 207
ST PAUL MN 55117

YOU HAVE FAILED TO RESPOND TO THE CITATION DESCRIBED BELOW BY NOT APPEARING IN COURT OR PAYING THE FINE AND COSTS WITHIN THE PRESCRIBED TIME LIMIT. FAILURE TO REMIT THE FINE AND COSTS TO THE COURT WITHIN THIRTY DAYS FROM THE DATE SHOWN IN THE UPPER RIGHT CORNER OF THIS NOTICE WILL RESULT IN SUSPENSION OF YOUR DRIVER LICENSE UNTIL YOU HAVE FURNISHED SATISFACTORY EVIDENCE THAT YOU HAVE COMPLIED WITH ANY ORDER ENTERED BY THE COURT. TO AVOID SUSPENSION, YOU MUST ALSO PROVIDE THIS EVIDENCE TO OUR OFFICE WITHIN THESE THIRTY DAYS OR THE SUSPENSION WILL BE EFFECTIVE 11-12-10.

REASON FOR WITHDRAWAL:
FAIL TO APPEAR OR PAY FINES.
CITATION #: VR04430
LOCATION: EB 94 EARL
SECTION VIOL: 169.14.2
DESCRIPTION: SPEED 11-14 MPH OVER
FINE & COSTS: \$161.00
TRIAL DATE: 00-00-00

REQUIREMENTS FOR REINSTATEMENT:
*WITHDRAWAL OF ALL PRIVILEGES
EFFECTIVE ON ABOVE DATE AND TO
CONTINUE UNTIL NOTIFIED OF
REINSTATEMENT BY THIS DEPARTMENT.
*PAY \$20 REINSTATEMENT FEE TO THIS
DEPARTMENT.
*COMPLY WITH REQUIREMENTS OF THE
COURT.
RAMSEY COUNTY VIOL BUREAU
ROOM 130 / COURTHOUSE
ST PAUL MN 55102
(651) 266-9202

ONCE YOUR DRIVING PRIVILEGES ARE UNDER WITHDRAWAL, YOU MAY NOT DRIVE AGAIN IN MINNESOTA UNDER ANY CONDITION, INCLUDING USING A DRIVER'S LICENSE FROM ANOTHER JURISDICTION OR A LIMITED LICENSE FROM MINNESOTA ISSUED FOR A PREVIOUS WITHDRAWAL. WHEN WE HAVE RECEIVED VERIFICATION THAT YOU HAVE COMPLETED ALL REINSTATEMENT REQUIREMENTS, AND YOU HAVE RECEIVED A NOTICE OF REINSTATEMENT FROM THIS DEPARTMENT, YOU MAY DRIVE IN MINNESOTA.

REQUEST FOR ADMINISTRATIVE REVIEW

YOU HAVE THE RIGHT TO AN ADMINISTRATIVE REVIEW OF THIS ORDER UNDER MINNESOTA STATUTES. YOU MAY REQUEST AN ADMINISTRATIVE REVIEW ANY TIME DURING THE WITHDRAWAL PERIOD. UPON REQUEST, THE DEPARTMENT OF PUBLIC SAFETY WILL REVIEW THE WITHDRAWAL OF YOUR DRIVER'S LICENSE OR PRIVILEGE TO OPERATE A MOTOR VEHICLE. YOU HAVE THE RIGHT TO APPEAR IN PERSON AT A DRIVER EVALUATION OFFICE OR CONTACT US IN WRITING, AND TO SUBMIT EVIDENCE AT THE REVIEW WHICH YOU FEEL IS RELEVANT FOR THE DEPARTMENT'S CONSIDERATION.

IF YOUR DRIVER'S LICENSE OR PRIVILEGE TO OPERATE A MOTOR VEHICLE IS BEING WITHDRAWN FOR A MEDICAL REASON, YOU HAVE THE RIGHT TO AN ADMINISTRATIVE REVIEW BY A MEDICAL REVIEW BOARD. YOU HAVE THE RIGHT TO SUBMIT EVIDENCE FOR THE MEDICAL REVIEW BOARD'S CONSIDERATION. YOUR

OVER

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EVIDENCE SHOULD BE SUBMITTED, IN WRITING, TO THE DEPARTMENT AND IT WILL BE FORWARDED TO THE MEDICAL REVIEW BOARD.

TO REQUEST AN ADMINISTRATIVE REVIEW, YOU MAY WRITE TO: DRIVER AND VEHICLE SERVICES, DRIVER EVALUATION OFFICE, 445 MINNESOTA STREET, SUITE 170, ST. PAUL, MINNESOTA 55101-5170. YOU MUST INFORM THE DEPARTMENT OF YOUR FULL NAME, DATE OF BIRTH, DRIVER'S LICENSE NUMBER AND THE DATE OF THE INCIDENT FOR WHICH THE REVIEW IS BEING REQUESTED.

PETITION FOR JUDICIAL REVIEW

YOU HAVE THE RIGHT TO A JUDICIAL REVIEW FOR REINSTATEMENT OF YOUR DRIVER'S LICENSE OR PRIVILEGE TO OPERATE A MOTOR VEHICLE. AS OUTLINED IN MINNESOTA STATUTE, SECTION 171.19, THE PETITION MUST BE FILED WITH THE COURT ADMINISTRATOR IN THE COUNTY IN WHICH YOU RESIDE. THE PETITION MUST BE FILED WITHIN 180 DAYS OF THE EFFECTIVE DATE OF THIS ORDER OR BEFORE THE EXPIRATION OF THE WITHDRAWAL PERIOD, WHICHEVER OCCURS FIRST. IF YOU DO NOT PETITION FOR JUDICIAL REVIEW EXACTLY AS PRESCRIBED IN STATUTE, YOU WILL LOSE THE RIGHT TO JUDICIAL REVIEW. IF YOU ARE A RESIDENT OF ANOTHER STATE OR COUNTRY, THE PETITION MAY BE FILED IN THE DISTRICT COURT IN ANY COUNTY IN MINNESOTA. A COPY OF THE PETITION MUST ALSO BE FILED WITH THE COMMISSIONER OF PUBLIC SAFETY AT THE DRIVER EVALUATION OFFICE, 445 MINNESOTA STREET, SUITE 170, ST. PAUL, MINNESOTA 55101-5170.

APPLICATION FOR DUPLICATE PLATES AND/OR STICKERS
 MINNESOTA DEPARTMENT OF PUBLIC SAFETY DRIVER AND VEHICLE SERVICES DIVISION
 445 Minnesota Street, Suite 160, St. Paul, MN, 55101-5160
 mndriveinfo.org

New Plate No. Issued	Year
New Year Validation Sticker No. Issued	Year
Weight Sticker No. Issued	

NOTICE

PLEASE READ INSTRUCTIONS BELOW BEFORE COMPLETING
 A Duplicate Title IS NOT required when applying for duplicate plates or stickers.

Central Office Use Only

CURRENT PLATE NUMBER 030BME	PLATE YEAR	VEHICLE IDENTIFICATION NUMBER															CURRENT EXPIRATION DATE MO. YR.					
MODEL YEAR 2006	MAKE CHEV	TYPE	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17			
			1	G	1	Z	T	5	1	F	8	6	F	2	0	3	7	0	2	1	1	1

PRINT NAME OF OWNER(S) (LAST, FIRST, AND MIDDLE) ▶	NOH ABDINASIR MOHAMED										DRIVER'S LICENSE NO.	
PRINT ADDRESS OF FIRST OWNER (PERMANENT ADDRESS) ▶	STREET 135 WINNIPEG AVE #207							CITY ST PAUL		COUNTY 62	STATE MN	ZIP 55111

THIS APPLICATION IS FOR A DUPLICATE: BOX <input checked="" type="checkbox"/> PLATES <input type="checkbox"/> YEAR STICKER <input checked="" type="checkbox"/> WEIGHT STICKERS <input type="checkbox"/>	FEES DUE	
THE REGISTRATION PLATES, YEAR STICKERS, AND/OR MONTH STICKERS FOR THIS VEHICLE MUST BE REPLACED BECAUSE THEY WERE <input checked="" type="checkbox"/> BOX	DUPLICATE	\$ 1
I AM REPLACING THE STICKERS FOR THE	SERVICE	\$ 9.50
STOLEN → <input type="checkbox"/> LOST → <input type="checkbox"/> DEFECTIVE → <input type="checkbox"/>	TOTAL	\$ 9.50
DESTROYED → <input checked="" type="checkbox"/> SURRENDERED → <input type="checkbox"/> NEVER RECEIVED → <input type="checkbox"/>		
ISSUED IN ERROR → <input type="checkbox"/>		

MUST BE ANSWERED WHEN APPLYING FOR DUPLICATE PLATES

I (WE), HAVING BEEN DULY SWORN, DO CERTIFY ALL OF MY (OUR) DECLARATION ARE TRUE AND CORRECT AND THIS VEHICLE IS AND WILL CONTINUE TO BE INSURED WHILE BEING OPERATED UPON THE PUBLIC STREETS AND HIGHWAYS.

NAME OF INSURANCE COMPANY	OWNER'S SIGNATURE <i>(Signature)</i>		DATE: 11/12/11
POLICY NUMBER	STREET	CITY	STATE ZIP
IF PLATES AND/OR STICKERS MUST BE SENT TO A TEMPORARY ADDRESS, PRINT ADDRESS HERE			

PAID
 NOV 12 2011
 Deputy 140

INSTRUCTIONS: PLEASE READ CAREFULLY BEFORE COMPLETING

- Complete the application on this side only. PLEASE PRINT OR TYPE.
- Attach this vehicle's current registration card. LOST
 DESTROYED
 NEVER RECEIVED
 I cannot attach the current registration card because: It Was
- I am currently driving outside the state of Minnesota and must retain the registration card for proof of registration.
- "Never Received" applies ONLY to plates and/or stickers mailed by the Driver and Vehicle Services Division.
 Answer: In an attempt to find my plates and/or stickers I have contacted the Postal Service: Yes No
 If yes, when did you contact the Postal Service? _____ 20____
- "Surrendered" applies ONLY to plates and/or stickers which were surrendered due to lack of insurance coverage.
- To determine the fees due or to obtain assistance in completing this application, contact:

PRORATE CUSTOMERS ONLY: Prorate Cab Card Must be Surrendered
Unit # _____
Account # _____

A DEPUTY REGISTRAR OR THE DEPARTMENT OF PUBLIC SAFETY, DRIVER AND VEHICLE SERVICES DIVISION
MAKE REMITTANCE PAYABLE TO: THE DRIVER AND VEHICLE SERVICES DIVISION

IMPORTANT NOTICE: PLEASE READ

The month and/or year stickers you are replacing MUST match the stickers originally on this vehicle. This application for duplicate plates and/or stickers must be completed by the person(s) in whose name(s) this vehicle is now registered, and the registration card and any remaining plates and/or stickers must be surrendered to the registrar for cancellation.

If the lost plates and/or stickers are found, the customer is responsible for the proper disposal of these items.

All data collected on a motor vehicle application are required by law. These data are used to identify your motor vehicle. Failure to provide required data may result in denial of the transfer of ownership, registration of this vehicle, or other requested action. Except for certain uses permitted by federal and state laws, personal information contained in your application may not be disclosed to anyone without your express consent.

Ramsey District Court
RECEIPT

Date/Time: 11/15/2010 15:26:28

Defendant: NOH, ABDINASIR MOHAMED
Payor: ABDINASIR NOH

Receipt No.: 1568209
Location Paid: VIOLATIONS BUREAU

Citations:	Payment Plan:	Amount:
VR04430	115765	100.00
	Amount to Be Refunded:	0.00
	Total Amount Paid:	100.00

Method of Payment: CASH

Check Number:

Comment: PD AT COUNTER OK TO REINSTATE DL SAT

KEEP THIS COPY FOR YOUR RECORDS

**PAYMENT AGREEMENT
SECOND JUDICIAL DISTRICT COURT
RAMSEY COUNTY**

Name: ABDINASIR MOHAMED NOH

Payment Plan #: 115765

Citation(s) #: VR04430

Initial payment of \$100.00 , balance to be paid as follows:

\$100.00 Paid NO LATER than 11/15/10

Total Amount payable: \$100.00

Failure to pay or appear by the due dates shown will result in additional fees up to \$50.00 per citation, a warrant may be issued for your arrest, your driver's license may be suspended, and/or your account may be referred to a collection agency, which has collection authority and may access non-public government data on you for the purpose of collecting this debt.

A collection agency and/or RAMSEY COUNTY may take the following actions: offset your state income tax refund, tow your vehicle, seek a judgment against you and/or your property, levy your bank funds, seize property, revoke or deny renewal of a professional license, garnish your wages, issue a subpoena, refer your account to a private collection agency, and file credit bureau reports.

I have pled guilty to the above citations and I agree to notify the Court within five (5) days of any change in address, phone number or employment. By signing this form, I agree to abide by the terms and conditions of this Payment Agreement.

Payments should be made payable to and sent to:

RAMSEY DISTRICT COURT
RAMSEY COUNTY
ROOM 130 COURT HOUSE
15 WEST KELLOGG BLVD
ST. PAUL, MN 55102


To pay by phone with a major credit card, call (651) 266-9202.

To pay online with a major credit card or electronic check: www.2ndwebpay.courts.state.mn.us

Defendant signature: _____

11/15/2010

MINNESOTA
DRIVER'S LICENSE



ABDINASIR MOHAMED NOH
135 WINNIPEG AVE APT 207
ST PAUL, MN 55117


Date of Birth	10-12-1969	
Sex	Eyes	Class
M	BLK	D
Height	Weight	
5-9	157	

ISSUED 12-2009 EXPIRES 10-12-2013

Abd Nasir

P706139535313

MINNESOTA
DRIVER'S LICENSE



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