

TRANS. Fee Rd 876 TRANSFER OF CHECK

COLORADO ADULT DRIVER'S LICENSE **M 46254**

VINCENTE RAFAEL PIERRE
7410 COLONIAL LN
GOLD SPRGS CO. 80931

122455 M 155 5-GR BALK PLP

1992

07-29-91

CLASSIFICATION

CLASS OF LICENSE

1. AND SUBJECT TO CLASSIFICATION

2. AND SUBJECT TO CLASSIFICATION

3. AND SUBJECT TO CLASSIFICATION

4. AND SUBJECT TO CLASSIFICATION

5. AND SUBJECT TO CLASSIFICATION

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17. AND SUBJECT TO CLASSIFICATION

18. AND SUBJECT TO CLASSIFICATION

19. AND SUBJECT TO CLASSIFICATION

20. AND SUBJECT TO CLASSIFICATION



Office of Program Integrity, 600 Grant St., #900
Denver, CO 80203-3528
Phone Number
Signature of Authorized Agent: *[Handwritten Signature]* 5-30-91

INVESTIGATIONS AND CRIMINAL ENFORCEMENT SECTION
COLORADO DEPARTMENT OF LABOR AND EMPLOYMENT
600 GRANT ST., SUITE #900
DENVER, COLORADO 80203-3523

837-3807

Enclose a stamped, self-addressed envelope if above is to be mailed.

Return to: MOTOR VEHICLE DIVISION
Master Files Section No. 44-489
140 West 6th Avenue
Denver, Colorado 80204-5195
(303) 866-3751

Examiner of Clerk
STC

46254

VINCENT BOND PIERRE
7819 ELMHURST LN
DALLAS TEXAS 75231

11/15/2008 2:41 P.M. E.K. BY

[Handwritten signature]

RIGHT MOTOR VEHICLE DIVISION

RIGHT MOTOR VEHICLE DIVISION BY MISSING THE OR IN
 THE STATE OF TEXAS UNDER A SUSPENSION, REVOCATION OR DENIAL OF
 LICENSE BY THE STATE OF TEXAS. IF YOU HAD HEART PROBLEMS, DIABETES,
 OR OTHER MEDICAL CONDITIONS, PLEASE ADVISE THE OFFICER OF YOUR
 CONDITION. YOUR ABILITY TO OPERATE A MOTOR VEHICLE SAFELY IS
 THE CONCERN OF THE
 OFFICE. CERTIFY THAT THE ABOVE INFORMATION GIVEN IS TRUE AND CORRECT
 AND FURTHERMORE THAT ANY FALSE INFORMATION GIVEN WILL BE CAUSE FOR
 CANCELLATION OF THE ABOVE LICENSE.

STATE OF TEXAS
[Handwritten signature]
 2781342
 3804694086

K-4 ~~442~~ 7-31-91

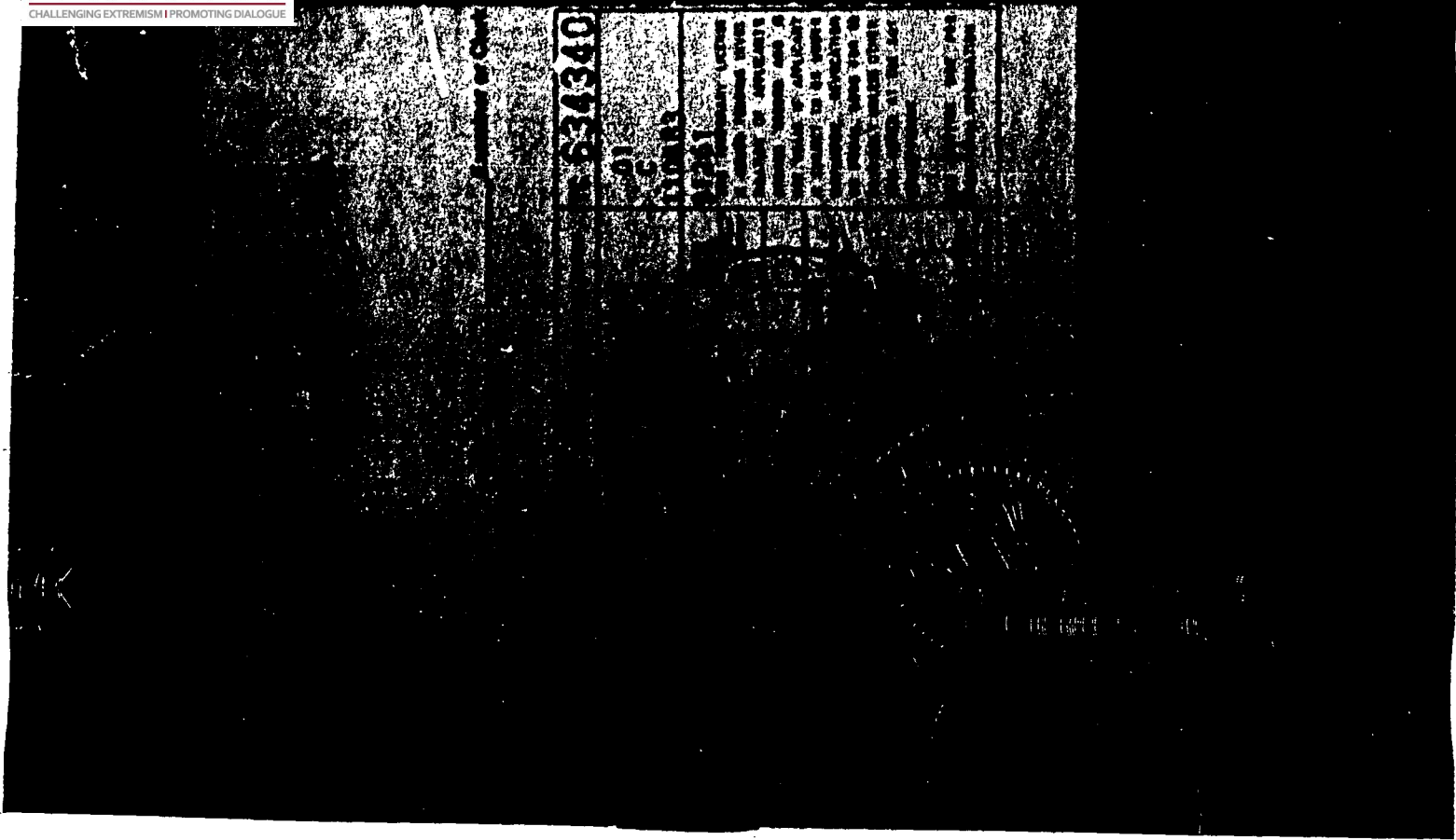
License Plate No.	VIN
Agency Making Request Colorado Department of Labor and Employment	
Address Office of Program Integrity, 600 Grant St., #900 Denver, CO 80203-3528	
Phone Number	
Signature of Authorized Agent <i>[Handwritten signature]</i> 5-30-91	

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License Plate No.	VIN
Agency Making Request	Colorado Department of Labor and Employment
Address	Office of Program Integrity, 600 Grant St., #900 Denver, CO 80203-3528
Phone Number	
Signature of Authorized Agent	<i>Susan M. Fugler</i> 5-30-91

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