

FORM
4444
REV 01/02/2006



Missouri Department of Revenue
Record of Participation & Completion
of Driver Improvement Program
OR Motorcycle Rider Training Course

Driver Improvement Program
State Program Headquarters
Missouri Safety Center – CMSU
660-543-4830 or 800-801-3588

OFFENDER INFORMATION

Drivers License Number: Y175251005	Date of Birth: mm/dd/yyyy 04/22/1969	Sex: Male <input type="checkbox"/> Female <input checked="" type="checkbox"/>
Name (Last, First, Middle Initial): Carrie Bridges		
Street Address: 3036 W Melbourne	Telephone Number: 4798569034	
City: Springfield	State: MO	Zip Code: 65810
Violation(s): Striking a lawfully stopped, parked or operating vehicle		Accident Involved: Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

COURT INFORMATION

Court Originator Number: MO039053J	Court Name: Greene
Court Case Number: 170113606	Conviction Date: mm/dd/yyyy 10/11/2017

**DRIVER IMPROVEMENT
PROGRAM INFORMATION**

Name of Agency: Online CE, LLC		
Street Address: 3651 Lindell Rd Suite D	Telephone Number: (844) 812-8512	
City: Las Vegas	State: NV	Zip Code: 89103
Driver Improvement Program: 8 Hour Only Accepted by DOR <input checked="" type="checkbox"/>	Print Instructor Name and I.D. #: (Online Course)	Signature:
Motorcycle Rider Training Course:	Print Instructor Name and I.D. #:	Signature:
Basic Riding Course <input type="checkbox"/>		
Experienced Rider Course <input type="checkbox"/>		
Program Provider Signature and I.D.: <i>Wendi Juma / OL-011</i>	Completion Date: mm/dd/yyyy 10/18/2017	

FOR COURT USE ONLY:

Court Clerk	Date: mm/dd/yyyy
Remarks	

NOTE: It is the responsibility of the offender to take this Form 4444 to the appropriate court requesting compliance. Send the completed Form 4444 to Drivers License Bureau, P.O. Box 200, Jefferson City, MO 65105-0200. It is also advisable that the offender make and keep a copy as should the program who offered the course.