

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: U175253003 Date of Birth: mm/dd/yyyy 04/19/1993 Sex: Male ☐ Female ☒

Name (Last, First, Middle Initial):  
Christina Theobald

Street Address: 2320 S Ingram Mill Rd. Apt. 422 Telephone Number: 14174935557

City: Springfield State: MO Zip Code: 65804

Violation(s): exceeded posted speed limit (by 11-15 mph) Accident Involved: Yes ☐ No ☒

**COURT INFORMATION**

Court Originator Number: MO039053J Court Name: Greene

Court Case Number: 702537841 Conviction Date: mm/dd/yyyy 12/31/2012

**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 ☒ Print Instructor Name and I.D. #: (Online Course) Signature:

Motorcycle Rider Training Course: Print Instructor Name and I.D. #: Signature:

Basic Riding Course ☐

Experienced Rider Course ☐

Program Provider Signature and I.D.: *Wendi Jann / OL-011* Completion Date: mm/dd/yyyy 12/20/2017

**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.