

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: T980268846 Date of Birth: mm/dd/yyyy 01/04/1960 Sex: Male ☐ Female ☒

Name (Last, First, Middle Initial):
Gay Testerman

Street Address: 11310 Hammer Road Telephone Number: 4174375601

City: Neosho State: MO Zip Code: 64850

Violation(s): UNIFORM TRAFFIC TICKET Accident Involved: Yes ☒ No ☐

COURT INFORMATION

Court Originator Number: MO055033J Court Name: Lawrence

Court Case Number: 19LW-CR00601 Conviction Date: mm/dd/yyyy 09/25/2019

**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 10/16/2019

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.