

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: C173120004	Date of Birth: mm/dd/yyyy 12/16/1966	Sex: Male <input type="checkbox"/> Female <input checked="" type="checkbox"/>
Name (Last, First, Middle Initial): Herlinda Morton		
Street Address: 21 Knoll Ridge Ct	Telephone Number: 636-294-1637	
City: Ofallon	State: MO	Zip Code: 63368
Violation(s): Speeding	Accident Involved: Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	

**COURT INFORMATION**

Court Originator Number: MOOSCAFCC	Court Name: FCC
Court Case Number: -	Conviction Date: mm/dd/yyyy 03/06/2018

**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: Basic Riding Course <input type="checkbox"/> Experienced Rider Course <input type="checkbox"/>	Print Instructor Name and I.D. #:	Signature:
Program Provider Signature and I.D.: <i>Wendi Juma / OL-011</i>		Completion Date: mm/dd/yyyy 03/12/2018

**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.