

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:<br>M149182003                   | Date of Birth: mm/dd/yyyy<br>07/16/1985 | Sex:<br>Male <input checked="" type="checkbox"/> Female <input type="checkbox"/>          |
| Name (Last, First, Middle Initial):<br>Jeffrey Mikel Jr |   |   |
| Street Address:<br>17 OAKRAIL DR                        |   | Telephone Number:<br>6362485037   |
| City:<br>ST PETERS                                      | State:<br>MO                            | Zip Code:<br>63376  |
| Violation(s): Speeding (26-30 Mph Over)                 |   | Accident Involved:<br>Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |

**COURT INFORMATION**

|                                       |                                  |
|---------------------------------------|----------------------------------|
| Court Originator Number:<br>MOOSCAFCC | Court Name:<br>FCC               |
| Court Case Number:<br>-               | Conviction Date: mm/dd/yyyy<br>- |

**DRIVER IMPROVEMENT  
PROGRAM INFORMATION**

|  |  |   |
|--|--|---|
| Name of Agency:<br>Online CE, LLC  |  |   |
| Street Address:<br>3651 Lindell Rd Suite D   |  | Telephone Number:<br>(844) 812-8512       |
| City:<br>Las Vegas   | State:<br>NV   | Zip Code:<br>89103                        |
| Driver Improvement Program:<br>8 Hour Only Accepted by DOR <input checked="" type="checkbox"/>   | Print Instructor Name and I.D. #:<br>(Online Course) | Signature:                                |
| Motorcycle Rider Training Course:<br>Basic Riding Course <input type="checkbox"/><br>Experienced Rider Course <input type="checkbox"/> | Print Instructor Name and I.D. #:                    | Signature:                                |
| Program Provider Signature and I.D.:<br><i>Wendi Juma/OL-011</i>   |  | Completion Date: mm/dd/yyyy<br>12/10/2018 |

**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.