

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: p066049005	Date of Birth: mm/dd/yyyy 02/14/1989	Sex: Male <input type="checkbox"/> Female <input checked="" type="checkbox"/>
Name (Last, First, Middle Initial): Alexandra Nash		
Street Address: 13377 NW CR 2001		Telephone Number: 8166801090
City: Adrian	State: MO	Zip Code: 64720
Violation(s): FAILURE TO CARRY LICENSE		Accident Involved: Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

**COURT INFORMATION**

Court Originator Number: MO019023J	Court Name: Cass
Court Case Number: 180377776-01	Conviction Date: mm/dd/yyyy 02/12/2020

**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 03/13/2020

**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.