

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: Y182202006	Date of Birth: mm/dd/yyyy 01/18/1985	Sex: Male <input checked="" type="checkbox"/> Female <input type="checkbox"/>
Name (Last, First, Middle Initial): Armand Selvaggio		
Street Address: 1906 E Elm Street		Telephone Number: 5098506212
City: Springfield	State: MO	Zip Code: 65802
Violation(s): failure to devote attention to control of vehicle		Accident Involved: Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

COURT INFORMATION

Court Originator Number: MO039053J	Court Name: Greene
Court Case Number: 160623076	Conviction Date: mm/dd/yyyy 09/19/2017

**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:	Print Instructor Name and I.D. #:	Signature:
Basic Riding Course <input type="checkbox"/>		
Experienced Rider Course <input type="checkbox"/>		
Program Provider Signature and I.D.: <i>Wendi Juma / OL-011</i>		Completion Date: mm/dd/yyyy 12/14/2017

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.