

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: C086175002 Date of Birth: mm/dd/yyyy 06/08/1999 Sex: Male ☒ Female ☐

Name (Last, First, Middle Initial):  
Austin Turner

Street Address: 364 S Grant Ave Telephone Number: 5736252066

City: Marshall State: MO Zip Code: 65340

Violation(s): Speeding Accident Involved: Yes ☐ No ☒

**COURT INFORMATION**

Court Originator Number: MOOSCAFCC Court Name: FCC

Court Case Number: - Conviction Date: mm/dd/yyyy -

**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 Juma/OL-011* Completion Date: mm/dd/yyyy 02/08/2019

**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.