

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: x072005005 Date of Birth: mm/dd/yyyy 12/10/1970 Sex: Male ☐ Female ☒

Name (Last, First, Middle Initial):
Eula Fisher

Street Address: 23800 e 267th street Telephone Number: 9132217310

City: harrisonville State: MO Zip Code: 64701

Violation(s): 304.010-304.010-005N19995405.0 /Speeding Accident Involved: Yes ☐ No ☒

COURT INFORMATION

Court Originator Number: MOOSCAFCC Court Name: FCC

Court Case Number: - Conviction Date: mm/dd/yyyy 05/10/2018

**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 ☒ 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 05/21/2018

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.