

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: P026205006 Date of Birth: mm/dd/yyyy 01/01/1971 Sex: Male ☐ Female ☒

Name (Last, First, Middle Initial):  
Kristina Roberts

Street Address: 10010 N Campbell Dr Telephone Number: 816 786 3921

City: Kansas City State: MO Zip Code: 64155

Violation(s): followed another vehicle too closely Accident Involved: Yes ☐ No ☒

**COURT INFORMATION**

Court Originator Number: MO083033J Court Name: Platte

Court Case Number: 702475848 Conviction Date: mm/dd/yyyy 08/28/2017

**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 ☒ 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 09/08/2017

**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.