

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: T011080017	Date of Birth: mm/dd/yyyy 03/25/1962	Sex: Male <input type="checkbox"/> Female <input checked="" type="checkbox"/>
Name (Last, First, Middle Initial): Kristina Klarin		
Street Address: 107 N Clark st		Telephone Number: 8162067203
City: Kearney	State: MO	Zip Code: 64060
Violation(s): 304.010		Accident Involved: Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

**COURT INFORMATION**

Court Originator Number: MO083033J	Court Name: Platte
Court Case Number: 170199746	Conviction Date: mm/dd/yyyy 06/30/2017

**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: 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 08/03/2017

**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.