

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: P112169026 Date of Birth: mm/dd/yyyy 03/28/1989 Sex: Male ☒ Female ☐

Name (Last, First, Middle Initial):
Marc Johnson

Street Address:
327 N Fox Ridge Dr Apt: 206

Telephone Number:
4176914924

City:
Raymore

State:
MO

Zip Code:
64083

Violation(s): "Failed to drive within single lane on roadway
having three or more lanes": Drove off interstate to Yes ☐ No ☒

Accident Involved:
Yes ☐ No ☒

COURT INFORMATION

Court Originator Number: MOOSCAFCC Court Name: FCC

Court Case Number:
-

Conviction Date: mm/dd/yyyy
07/17/2018

**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 Jann / OL-011

Completion Date: mm/dd/yyyy
07/29/2018

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.