



State Office of Administrative Hearings

P.O. Box 13025, Austin, Texas 78711-3025

Phone 512.475.4993

## Driver's License (ALR) Witness Fee Certification

**Defendant:**

§ **Driver's License (ALR) Case Number:**

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This certifies that the witness fee in the amount of \_\_\_\_\_ was mailed to \_\_\_\_\_  
\_\_\_\_\_ on \_\_\_\_\_ as required by  
1 Texas Administrative Code § 159.103.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Address

\_\_\_\_\_  
City,

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip

\_\_\_\_\_  
Telephone Number

\_\_\_\_\_  
Email Address