State Office of Administrative Hearings
P.O. Box 13025, Austin, Texas 78711-3025
Phone 512.475.4993 | Fax 512.475.4994

Driver's License (ALR) Witness Fee Certification

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

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