State Office of Administrative Hearings
P.O. Box 13025, Austin, Texas 78711-3025
Phone 512.475.4993 | Fax 512.522.5263

Driver's License (ALR) Witness Fee Certification

Defendant: § **SOAH Docket Number:**
§
§
§
§
§
§

This certifies that the witness fee in the amount of _____, was mailed to

_____ (Witness First Name) _____ (Witness Last Name)

on _____as required by 1 Texas Administrative Code § 159.103.

_____ _____
Signature Printed Name

_____
Mailing Address City State Zip Code

_____ _____
Telephone Number Email Address