

STATE OF TEXAS

COUNTY OF _____

My name is _____, and I am a representative of
(name of person certifying address)

(governmental entity, non-profit, or transitional service provider)

I hereby certify that _____ resides at the
(name of person applying for a driver's license or ID)

following address and receives mail at the following address:

(name of person applying for driver's license or ID)

(street name and number)

(city, state, zip code)

Signature

Printed Name

Date

Sworn to and subscribed before me this ____ day of _____, 20____ by

(name of signer)

Notary Signature

(Seal)