



STATEMENT OF ADDICTION

This statement is to certify that I have personal knowledge that _____
has been addicted to _____ for a period of at least _____ years.
My relationship to the applicant is _____. I have known
the applicant for _____ months/years. I know that the applicant is addicted because
_____.

I swear to the truth of this statement.

Your Name

Your Signature

Today's Date

Your Phone Number

Witness

Texas DL/ID #
