



TEXAS DEPARTMENT OF LICENSING & REGULATION

P.O. Box 12157 • Austin, Texas 78711-2157

techinfo@tdlr.texas.gov • www.tdlr.texas.gov

ARCHITECTURAL BARRIERS PROJECT REGISTRATION APPLICATION

This is only the REGISTRATION of a construction project. The building/facility owner is responsible for ensuring that the plan review and inspection required by Chapter 469.101 and 469.105 are completed by a Registered Accessibility Specialist (RAS).

This form is only to be submitted online through the Texas Architectural Barriers online System (TABS). Project registration cannot be done through the mail. Any form mailed in to TDLR will be returned for submission online.

1. RAS INFORMATION

Name:	RAS #:
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2. PROJECT INFORMATION

Project Name:		
Building or Facility Name:		
Address (Street name, number, suite number, city state, zip code):		County:
Estimated Start Date:	Estimated Completion Date:	Estimated Cost: \$
Type of Work: (Check One)	New Construction	Renovation/Alteration
Type of Funding: (Check One)	Public funds, public lands, or federally funded roadway project	Private funds, private lands for private use
Renovations Only: Are the private funds provided by a tenant?		Yes No
Scope of Work: (include square footage)		

3. BUILDING or FACILITY OWNER (person or entity that holds title to the property)

Building/Facility Owner:	Representative:
Address (Street name, number, suite number, city, state, zip code):	
Email:	Phone Number:

4. DESIGNATED AGENT (if applicable)

If this section is filled out, you must attach a Designated Agent Form

Designated Agent Name:	Representative:
Address (Street name, number, suite number, city state, zip code):	
Email:	Phone Number:

5. DESIGNER INFORMATION (if applicable)

Design Firm Name:	Design Professional Name:			
Address (Street name, number, suite number, city state, zip code):				
Email:	Phone number:			
License Type (Check One):	Architect	Engineer	Registered Interior Designer	License Number: (if applicable)
	Landscape Architect	Other (includes not licensed)		

6. TENANT INFORMATION (If other than owner)

Contact Name:	Phone Number:	Email:
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PROOF OF SUBMISSION FORM

Texas Government Code §469.101 states: "All plans and specifications for the construction of or for the substantial renovation or modification of a building or facility must be submitted to the department for review if: (1) the building or facility is subject to this chapter; and (2) the estimated construction cost is at least \$50,000." 16 Texas Administrative Code §68.50(a) states: "An architect, registered interior designer, landscape architect, or engineer with overall responsibility for the design of a building or facility subject to §469.101 of the Act, shall mail, ship, provide electronically, or hand-deliver the construction documents along with a Proof of Submission form to a registered accessibility specialist, or a contract provider not later than the twentieth day after the plans and specifications are issued. In computing time under this subsection, a Saturday, Sunday, or legal holiday is not included."

The date that plans and specifications are issued shall be as defined by 16 Texas Administrative Code §68.10(16) which states: "**Issue** - To mail, deliver, transmit, or otherwise release plans or specifications to an owner, lessee, contractor, subcontractor, or any other person acting for an owner or lessee for the purpose of construction, applying for a building permit, or obtaining regulatory approval after such plans have been sealed by an architect, registered interior designer, landscape architect, or engineer. In the case of a state-funded or other public works project, it is the date when plans or specifications are publicly posted for bids, after such plans or specifications have been sealed by an architect, registered interior designer, landscape architect, or engineer."

1. DESIGNER INFORMATION

Name:

First, Middle, Last Name

License Type: Architect Landscape Architect License #:
Registered Interior Designer Engineer

Address:

Street Name, Number, Suite Number, City, State, Zip Code

Phone Number:

Email:

2. PROJECT INFORMATION

Project Name: TDLR Project #

Physical Address:

Street Name, Number, Suite Number, City, State, Zip Code

3. RAS INFORMATION

Name: RAS #:

4. DESIGNER'S ACKNOWLEDGMENT

Date Construction Documents Issued:

Date Construction Documents Submitted:

I hereby notify the Texas Department of Licensing and Regulation of the described project and of my intent to perform, or cause to be performed, all services necessary to design said project in accordance with the provisions of Texas Government Code, Chapter 469. I certify that I am the registered design professional with overall responsibility for the design of the project and whose seal is affixed to the construction documents. I am mailing, delivering, transmitting, or otherwise releasing these construction documents to an owner, lessee, contractor, subcontractor, or other person for the purpose of construction, applying for a building permit, or obtaining regulatory approval. In the case of a state-funded or other public works project, the date of issue is the time at which construction documents are publicly posted for bids.

Designer Signature

Date



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ARCHITECTURAL BARRIERS DESIGNATED AGENT FORM

YOU MUST COMPLETE ALL SECTIONS OF THIS FORM FOR IT TO BE PROCESSED. INCOMPLETE FORMS WILL NOT BE CONSIDERED. THE PERSON LISTED AS A DESIGNATED AGENT ON THIS FORM IS AUTHORIZED TO SUBMIT DOCUMENTS ON BEHALF OF THE OWNER AND ACT AS AN AGENT.

Texas Administrative Code Chapter 68.42(b) requires this form to be completed and signed by the owner or an individual employed by the owner if the owner wishes to designate an agent.

1. PROJECT INFORMATION

Project Name:	TDLR Project #:
Building or Facility Name:	CAD Account #:
Physical Address:	
Street Name, Number, Suite Number, City, State, Zip Code	

2. OWNER INFORMATION

(TO BE VALID, THIS INFORMATION MUST BE SIGNED BY THE OWNER LISTED IN THIS SECTION)

Business Type: (Select one)			
Individual	Sole Proprietorship	Limited Partnership	Corporation
Trust or Estate	Government	Other: _____	
Building/Facility Owner:		Name of Owner's Representative:	
		_____ (If Owner is Trust, Business or Government Entity)	
Address:			
Street Name, Number, Suite Number, City, State, Zip Code			
Phone Number:	Email Address:	Representative Title:	

3. DESIGNATED AGENT INFORMATION

Name of Designated Agent:	Name of Agent's Representative:
	_____ (If Agent is a trust, Business, or Government Entity)
Address:	
Street Name, Number, Suite Number, City, State, Zip Code	
Phone Number:	Email Address:

4. OWNER'S ACKNOWLEDGMENT

THE OWNER OR OWNER'S REPRESENTATIVE MUST SIGN THIS FORM. THIS FORM WILL BE REJECTED IF SIGNED BY THE DESIGNATED AGENT.

By signing and submitting this form, I authorize the individual or business listed in Section 3 of this form to serve as the Designated Agent for the project identified above. I understand that as the owner of the building or facility listed in Section 1 of this form, I remain responsible for compliance with all requirements for this project set forth in Chapter 469, Texas Government Code, and Title 16, Chapter 68, Texas Administrative Code.

_____ Printed Name	_____ Title
_____ Building/Facility Owner Signature	_____ Date



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REQUEST FOR INSPECTION FORM

In accordance with Texas Government Code, Chapter 469.105, and TDLR Administrative Rule 68.41, the owner of a building or facility subject to compliance with Chapter 469.101 shall obtain an inspection to verify compliance with the Texas Accessibility Standards (TAS) not later than the first anniversary of the completion of construction.

The request for an inspection can be made by completing this form and submitting it to a Registered Accessibility Specialist (RAS) **after** the completion of construction.

Following the inspection, the owner will be advised in writing of the results.

1. PROJECT

Project Name:	TDLR Project #:
Building or Facility Name:	
Physical Address:	
Street Name, Number, Suite Number, City, State, Zip Code	

2. OWNER OR AGENT INFORMATION

OWNER / AGENT INFORMATION (Select One)

I am the Owner (the person/entity that holds title to the property)

I am the Owner's Designated Agent *

*If you are not the owner, a completed Owner Agent Designation Form must accompany this form.

Building/Facility Owner or Designee:	Representative:
Address:	
Street Name, Number, Suite Number, City, State, Zip Code	
Phone Number:	Email:
<p>_____</p> <p style="text-align: center;">Signature of Owner/Designated Agent Date</p>	

I have authorized the following Registered Accessibility Specialist (RAS) to perform the inspection:

3. RAS INFORMATION

RAS Name:	RAS Company: (if applicable)	RAS #
Address:		
Street Name, Number, Suite Number, City, State, Zip Code		
Phone Number:	Email:	



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I am the Owner (the person/entity that holds title to the property)

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*If you are not the owner, a completed Owner Agent Designation Form must accompany this form.

Building/Facility Owner or Designee:	Representative:
Address:	
Street Name, Number, Suite Number, City, State, Zip Code	
Phone Number:	Email:
<p>_____</p> <p style="text-align: center;">Signature of Owner/Designated Agent Date</p>	

I have authorized the following Registered Accessibility Specialist (RAS) to perform the inspection:

3. RAS INFORMATION

RAS Name:	RAS Company: (if applicable)	RAS #
Address:		
Street Name, Number, Suite Number, City, State, Zip Code		
Phone Number:	Email:	



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PROOF OF INSPECTION FORM

This form was created by the Texas Department of Licensing and Regulation (TDLR) to provide proof of inspection to a building owner and is not intended to imply that a Registered Accessibility Specialist (RAS) is an employee of TDLR or that they have been hired by TDLR to perform this inspection.

Texas Administrative Code Chapter 68.41(c) requires the owner, the owner's designated agent, or an individual representing the owner to be present during the inspection. The individual on site during the inspection must provide a physical or electronic signature on the proof of inspection form prescribed by the department.

This form must be completed in full and signed at the time and location of the inspection.
The owner or owner designee that accompanied the RAS on the inspection may electronically sign the Proof of Inspection form on the day of the inspection.

1. PROJECT

Project Name:	TDLR Project #:
Building or Facility Name:	
Physical Address:	
Street Name, Number, Suite Number, City, State, Zip Code	

2. RAS INFORMATION

Name:	RAS #:
Company/Agency:	
Physical Address:	
Street Name, Number, Suite Number, City, State, Zip Code	
Phone Number:	Email:

I certify that I have performed an inspection of the referenced construction project:

RAS Signature

Date of Inspection

3. OWNER/OWNER DESIGNEE* PRESENT DURING THE INSPECTION

Building/facility Owner or Designee:	
Representative:	
Physical Address:	
Street Name, Number, Suite Number, City, State, Zip Code	
Phone Number:	Email:

I certify that I was present during the inspection of the referenced construction project:

Signature of Owner / Designee*

Date of Inspection

* The designee may be someone other than the owner or designated agent referenced in Administrative Rule 68.42.



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INSPECTION RESPONSE FORM

Building or facility owners or the owners' designated agent (form required) may use this form to indicate the status of outstanding violations associated with the referenced construction project that were identified during the inspection to verify compliance with the Texas Accessibility Standards (TAS).

Texas Administrative Code Chapter 68.52(d) for written verification of corrections to be provided no later than 30 days from the date of the inspection and all corrections must be completed no later than 270 days from the date of the inspection.

1. PROJECT INFORMATION

Name:	TDLR Project #:
Physical Address:	
Street Name, Number, Suite Number, City, State, Zip Code	

2. INSPECTION STATUS INFORMATION (check only one A, B, or C)

A. All violations cited on the inspection report related to the above referenced project have been corrected.

B. All violations cited on the inspection report relating to the above referenced project not corrected by the end of 270 calendar days from the date of the inspection report will be corrected by: _____ (completion date).
Note: Projects inspected by a RAS, have 270 calendar days from the date of the inspection report to correct inspection violations. Completion dates after 270 calendar days of the inspection report must be approved by TDLR.

C. The following violations cited on the inspection report relating to the above referenced project will not be corrected:
TAS violation reference(s): _____
A Variance Application has been submitted and/or approved for: _____

3. RAS INFORMATION

Name:	RAS #:	Company/Agency:
Physical Address:		
Street Name, Number, Suite Number, City, State, Zip Code		
Phone Number:	Email:	

4. OWNER / DESIGNATED AGENT INFORMATION

Building/facility Owner or Designee:	Representative:
Physical Address:	
Street Name, Number, Suite Number, City, State, Zip Code	
Phone Number:	Email:

I am the owner of this building/facility or the agent designated by the owner to act on their behalf: (check one)

Owner (Person or entity that holds title to this property) Owner's Designated Agent
(Must attach a Designated Agent Form)

I certify by my signature below that the information provided is true and accurate. I also understand that failure to correct the violation(s) may result in this project being forwarded to the Enforcement Division of TDLR.

Printed Name of Owner or Designated Agent Signature of Owner or Designated Agent Date



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