TEXAS DEPARTMENT OF LICENSING & REGULATION

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

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

AOBJ 7275

ARCHTITECTURAL BARRIERS SPECIAL PROJECT REGISTRATION APPLICATION

Buildings or facilities with an estimated construction cost of less than $50,000 or projects that are not subject to the Act may be registered, reviewed, and/or inspected by a Registered Accessibility Specialist (RAS) or contract provider by mailing, shipping, or hand delivering this form to TDLR with the applicable filing fee, per Texas Governmental Code Chapter 469.107.

PROJECT REGISTRATION FEE: $175 (FEES ARE NON-REFUNDABLE)

1. RAS INFORMATION

Name: | RAS #:

Please check the intended work the RAS will perform: ☐ Plan Review Only ☐ Plan Review and Inspection ☐ Inspection Only

2. PROJECT INFORMATION

Project Name:

Building or Facility Name:

Address (Street Number, Street Name, Suite Number, City, State, Zip Code):: | County:

Estimated Start Date: | Estimated Completion Date: | Estimated Cost: $

Type of Work: (Check One) ☐ New Construction ☐ Renovation/Alteration ☐ Additions to Existing Building

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 | CAD Account #: (non-roadway)

Scope of Work: | Square Footage:

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

Building/Facility Owner: | Representative:

Address (Street Number, Street Name, 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 Number, Street Name, Suite Number, City, State, Zip Code)

Email: | Phone Number:

5. DESIGNER INFORMATION (if applicable)

Design Firm Name: | Design Professional Name:

Address (Street Number, Street Name, Suite Number, City, State, Zip Code)

Email: | Phone number:

License Type: (Check One) ☐ Architect ☐ Engineer ☐ Registered Interior Designer ☐ Landscape Architect ☐ Other (includes not licensed) | License Number: (if applicable)

6. TENANT INFORMATION (If other than owner)

Contact Name: | Phone Number: | Email:

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SPECIAL REGISTRATION APPLICATION INSTRUCTIONS

UNLESS OTHERWISE INDICATED, ALL SECTIONS ARE REQUIRED AND MUST BE INCLUDED FOR THE PROJECT REGISTRATION FORM TO BE PROCESSED. Failure to include all information will result in a delay of processing and the form will be returned to the project owner. Form must be complete in print or type.

It is the owner's responsibility to ensure compliance for the facility.

For TDLR to perform the project registration within the Texas Architectural Barriers online System (TABS) the completed Project Registration form and a check or money order for the filing fee payable to the Texas Department of Licensing and Regulation (TDLR) mailed to P.O. Box 12157, Austin, TX 78711. All fees to the department are **non-refundable**.

IMPORTANT: The construction documents and any fees applicable to plan review and/or inspection services MUST be submitted to the Registered Accessibility Specialist (RAS). RAS set and collect their own fees. Construction documents received by TDLR will not be forwarded or returned or uploaded into the Texas Architectural Barriers online System (TABS).

A Special Registration form must be completed for each address of a building or facility.

1. RAS INFORMATION – (required) Provide information about the Registered Accessibility Specialist (RAS) to perform services.
    - RAS NAME AND NUMBER - Enter the name and license number of the RAS for the project.
    - RAS FUNCTION - Select which function the RAS will be performing. If the RAS will only be performing the plan review, select "Plan Review Only." If the RAS will also be doing the inspection, select "Plan Review and Inspection." If the RAS will only be conducting the inspection, select "Inspection Only."
2. PROJECT INFORMATION – (required) Provide information about the project for which you are registering.
    - PROJECT NAME – Enter the name of the project (example: CLASSROOM ADDITION).
    - BUILDING OR FACILITY NAME – If this project is in a building or facility with a name, enter the name of the building (example: WASHINGTON HIGH SCHOOL).
    - PHYSICAL ADDRESS – Provide the physical address of the project, including the suite number (if available). If no physical address is available at the time of submission, provide the physical description of the project location. Post Office Boxes will not be accepted.
    - ESTIMATED START DATE – Provide the date construction is scheduled to begin.
    - ESTIMATED COMPLETION DATE – Provide the date construction is scheduled to be completed.
    - ESTIMATED COST $ – Provide the estimated cost of construction. Cost should not include site acquisition, architectural, engineering, or consulting fees, furnishings, or equipment that is not part of the building mechanical systems.
    - TYPE OF WORK – Check the box for the applicable type of work.
    - TYPE OF FUNDING – Check the box for the applicable method of funding. If the project is a renovation, check who is providing the funds for the project.
    - CAD ACCOUNT # - Provide the real or commercial property ID or account number from the county appraisal district where the facility is located. Do not provide business or personal account number, as they are incorrect type. If the project is not located at a single location, such as public right-of-way projects, the field is not applicable.
    - SCOPE OF WORK – Provide a detailed description of the construction activities.
    - SQUARE FOOTAGE - Provide the estimated total square footage of the construction project.
3. OWNER INFORMATION – (required) Provide information about the building or facility owner. The owner will receive all email and mailed correspondence from the Department.
    - BUILDING/FACILITY OWNER – Provide the full name of the building/facility owner as found in the CAD database of the county in which the building/facility is located.
    - NAME OF OWNER'S REPRESENTATIVE – Provide the full name of an individual or employee of the building or facility owner if the owner is a trust, business, or government entity. This person can be contacted for questions about the project for this form.
    - ADDRESS – Provide the Owner's mailing address. The mailing address provided is where we will send project related mail. A Post Office Box can be used.
    - PHONE – Provide the Owner's phone number.
    - EMAIL – Provide the Owner's email address. This email address cannot be duplicated as any other contact for this project.
4. DESIGNATED AGENT INFORMATION – (if applicable) Provide the name and contact information for the individual or business who will act as the designated agent for the building or facility owner. The designated agent is authorized to sign and submit forms on behalf of the owner. If completing this section, you must attach a designated agent form.

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SPECIAL REGISTRATION APPLICATION INSTRUCTIONS CONT'D

- NAME OF DESIGNATED AGENT – Provide the full name of the individual or business that will serve as the Designated Agent for the Owner.
- NAME OF THE AGENT'S REPRESENTATIVE – Provide the full name of the individual or employee of business that will serve as the Designated Agent for the Owner listed in this section (if applicable).
- ADDRESS – Provide the Designated Agent's mailing address. A Post Box can be used.
- PHONE – Provide the Designated Agent's phone number.
- EMAIL – Provide the Designated Agent's email address.

6. DESIGNER INFORMATION – (if applicable) Provide information about the licensed design professional associated with this project (if applicable).
   - DESIGN FIRM – Provide the name of the design firm or company responsible for the design of the project.
   - DESIGN PROFESSIONAL NAME – Provide the name of the architect, engineer, interior designer, or landscape architect with overall responsibility for the design and whose seal is affixed to the drawings.
   - ADDRESS – Provide the Design Professional's mailing address. A Post Office Box can be used.
   - PHONE – Provide the Design Professional's phone number.
   - EMAIL – Provide the Design Professional's email address (required).
   - TYPE OF LICENSE – Check the box for the applicable license type of the designer and enter the license number (if applicable). If license type is not listed or individual is not licensed, check the box for "other".

7. TENANT CONTACT NAME, PHONE NUMBER, AND EMAIL – (if applicable) Provide the name and contact information for the person or persons, company, corporation, authority, commission, board, governmental entity, institution, or any other unit that will occupy the project space.
   - CONTACT NAME - Provide the name of the individual or employee that will occupy the space (if applicable).
   - PHONE – Provide the tenant phone number.
   - EMAIL – Provide the tenant email address.

SEND YOUR COMPLETED DOCUMENTS TO:
Texas Department of Licensing and Regulation
P.O. Box 12157
Austin, TX 78711-2157

For additional information and questions, please visit the Texas Department of Licensing & Regulation website at Elimination of Architectural Barriers.

For assistance with this form, you may contact techinfo@tdlr.texas.gov. For other issues you can request assistance via TDLR webform. You may contact Customer Service Representatives at (800) 803- 9202 (in state only) or (512) 463-6599; Relay Texas-TDD: (800) 735-2989. Customer Service Representatives are available Monday through Friday from 7:00 a.m. until 6:00 p.m. Central Time (excluding holidays).

TDLR Public Information Act Policy: This document is subject to the Texas Public Information Act. With certain exceptions, information in this document may be made available to the public. For more information, view the TDLR Public Information Act Policy.