



# TEXAS DEPARTMENT OF LICENSING & REGULATION

P.O. Box 12157 • Austin, Texas 78711-2157  
*techinfo@tdlr.texas.gov • www.tdlr.texas.gov*

## PROJECT 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 building/facility owner. Form must be complete in print or type.

A building owner, per Texas Government Code Sec. 469.058, is responsible for any violation of the Elimination of Architectural Barriers program laws or rules and may be subject to administrative penalties for any violation.

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). RASs 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).

State lease projects must be filed with a State Lease Project Registration form. Projects with a project cost of less than \$50,000 or not subject to compliance per Texas Administrative Code 68 or TAS 203 must be filed with a Special Project Registration form.

A Project 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.
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. Should the project be a renovation project 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. **Copy of CAD record required at registration.**
  - **SCOPE OF WORK** – Provide a detailed description of the construction activities.
  - **SQUARE FOOTAGE** - Provide the estimated total square footage of the project. Public right-of-way projects should be submitted in linear feet.
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 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.

## PROJECT REGISTRATION APPLICATION INSTRUCTIONS, cont'd

- BUSINESS TYPE – Check the box that indicates how the owner of the building or facility is organized. NOTE: For LPs, LLPs, LLCs Form EAB247N must be on file to designate another entity as the project agent.
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 filling in this information, you must attach a designated agent form.
- 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.
5. DESIGNER INFORMATION – (if applicable) Provide information about the license design professional associated with this project (if applicable).
- DESIGN FIRM – Provide the name and contact information of the design firm or company responsible for the design of the project.
  - DESIGN PROFESSIONAL NAME – Provide the exact name (required) 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.
  - TYPE OF LICENSE – Check the box for the applicable license type of the designer and enter the license number (if applicable). If not licensed, check the box for "other".
6. 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 exact 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:

The Project Associated Registered Accessibility Specialist OR

Submit online through the Texas Architectural Barriers online System (TABS) at [TDLR TABS - Login \(texas.gov\)](https://www.tdlr.texas.gov/tabs/login) with a TABS user account.

For additional information and questions, please visit the Texas Department of Licensing & Regulation website at: <https://www.tdlr.texas.gov/ab/ab.htm>.

For assistance with this form, you may contact [techinfo@tdlr.texas.gov](mailto:techinfo@tdlr.texas.gov). 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. View the TDLR Public Information Act Policy at: <https://www.tdlr.texas.gov/disclaimer.htm#PublicInfoPolicy>.

***Once registration is complete the project number will be emailed to the owner at the email address provided under section 3.***



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## 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 Number, Street Name, Suite Number, City, State, Zip Code)		County:
Estimated Start Date:	Estimated Completion Date:	Estimated Cost: \$
Type of Work: (Select One)	New Construction	Renovation/Alteration
Type of Funding: (Select 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?		CAD Account #: (non-roadway)
		Yes No
Scope of Work (including square footage):		

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

**It is a violation of Texas Administrative Code 68.12(e) to provide false or misleading information.**

Building/Facility Owner:	Representative:
Address: (Street Number, Street Name, Suite Number, City, State, Zip Code)	
Email:	Phone Number:
Business Type: (Select one)	
Individual	Sole Proprietorship
Government	LLP
Corporation	LLC
Trust or Estate	Other:
Limited Partnership	

### 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 (Select One):	License Number: (if applicable)
Architect	Registered Interior Designer
Engineer	Other (includes not licensed)
Landscape Architect	

### 6. TENANT INFORMATION (If other than owner)

Contact Name:	Phone Number:	Email:
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