



TEXAS DEPARTMENT OF LICENSING & REGULATION

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

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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 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 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	CAD Account #: (non-roadway)
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):	License Number: (if applicable)
Architect Engineer Registered Interior Designer Landscape Architect Other (includes not licensed)	

6. TENANT INFORMATION (If other than owner)

Contact Name:	Phone Number:	Email:
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