



TEXAS DEPARTMENT OF LICENSING AND REGULATION  
**REGULATORY PROGRAM MANAGEMENT - ARCHITECTURAL BARRIERS**

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**ARCHITECTURAL BARRIERS PROJECT REGISTRATION**

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).

TDLR FILING FEE SCHEDULE		WHAT TO SUBMIT TO TDLR
Project Registration Fee	\$175	The completed AB Project Registration form and a check or money order for the filing fee payable to the Texas Department of Licensing and Regulation mailed to P.O. Box 12157, Austin, TX 78711.
Late Project Registration Fee	\$300	

**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's set and collect their own fees. Construction documents received by TDLR will not be forwarded, returned, or uploaded into the Texas Architectural Barriers online System (TABS).

**PRINT OR TYPE**

RAS INFORMATION			
1. Name:			RAS #:
PROJECT			
2. Project Name:			
3. Building or Facility Name:			
4. Address:	City:	Zip Code:	County:
PROJECT DESCRIPTION			
5. Estimated Start Date:	6. Estimated Completion Date:	7. Estimated Cost: \$	
8. Type of Work: (Check One) <input type="checkbox"/> New Construction <input type="checkbox"/> Renovation/Alteration <input type="checkbox"/> Additions to Existing Building			
9. Type of Funding: (Check One) <input type="checkbox"/> Public funds, public lands, or federally funded roadway project <input type="checkbox"/> Private funds, private lands for private use Are the private funds provided by a tenant? <input type="checkbox"/> Yes <input type="checkbox"/> No		10. State Lease No.: (if applicable)	
11. Estimate of Square footage:			
12. Scope of Work:			
TENANT (If other than owner)			
13. Tenant Contact Name:		Phone Number:	Email:
DESIGNATED AGENT (if applicable)			
<b>If this section is filled out, you must attach a Designated Agent Form</b>			
14. Designated Agent Name:		Phone Number:	Email:
15. Address:	City:	Zip Code:	County:
BUILDING or FACILITY OWNER (person or entity that holds title to the property)			
16. Owner Name:			Phone Number:
17. Address:	City:	State:	Zip Code:
18. Email:			
DESIGN FIRM			
19. Design Firm Name:			Phone Number:
20. Firm Address:	City:	Zip Code:	County:
21. Design Professional Name:		Email:	
22. License Type: (Check One)	<input type="checkbox"/> Architect <input type="checkbox"/> Engineer <input type="checkbox"/> Registered Interior Designer <input type="checkbox"/> Landscape Architect <input type="checkbox"/> Other (includes not licensed)	License Number (if applicable):	

**NOTE: The project number will be emailed to the owner at the email address listed above in box 18.**

## **INSTRUCTIONS FOR COMPLETING A PROJECT REGISTRATION FORM – AB 005**

1. RAS information **(required)** – Enter the name and license number of the RAS for the project.
2. Project Name **(required)** - Enter the name of the project (example: CLASSROOM ADDITION).
3. Building or Facility Name **(required)** - If this project is located in a building or facility with a name, enter the name of the building (example: WASHINGTON HIGH SCHOOL).
4. Address (Project) **(required)** - Enter the physical address (if available) and the suite number (if applicable) of the project. Post Office Box numbers are not acceptable.
5. Estimated Start Date **(required)** - Enter the date construction is scheduled to begin.
6. Estimated Completion Date **(required)** - Enter the date construction is scheduled to be completed.
7. Estimated Cost \$ **(required)** - Enter 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.
8. Type of Work **(required)** – Check the box for the applicable type of work.
9. Type of Funding **(required)** - Check the box for the applicable method of funding.
10. State Lease No. (if applicable) - Enter the state lease number if the construction project is for purposes of a state agency lease contract and/or occupancy by a state agency.
11. Square footage **(required)** - Enter the numeric value for the square footage affected by the project.
12. Scope of Work **(required)** – Enter a detailed description of the construction activities including square footage.
13. Tenant Contact Name, phone number and email - Enter 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. If information is provided the email address is **required**.
- 14-15. Designated Agent Information - Enter the name and contact information for the Designated Agent. If filling in this information, you must attach a designated agent form and an email address is **required**.
- 16-18. Building or Facility Owner **(required)** - Enter the name and contact information of the person or entity (company, corporation, authority, commission, board, governmental entity, institution or any other unit) that holds title to the property.
- 19-20. Design Firm - Enter the name and contact information of the design firm or company responsible for the design of the project.
21. Design Professional Name and Email - Enter the name and email address **(required)** of the architect, engineer, interior designer, or landscape architect with overall responsibility for the design and whose seal is affixed to the drawings and enter their e-mail address.
22. Type of License - Check the box for the applicable license type of the designer and enter the license number (if applicable). If no design professional, check the box for “other”.

**NOTE:** Project information, including but not limited to, estimated start/completion dates, costs, square footage, scope of work and contacts, should be updated if it changes throughout the completion of the project.