



TEXAS DEPARTMENT OF LICENSING & REGULATION

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

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

REQUEST FOR INSPECTION FORM 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.

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.

1. **PROJECT INFORMATION** – Provide information about the project for which you designated an agent to act on your behalf. The agent designated in this form is only authorized to act as your representative for the project listed on this form. A separate form must be submitted for each project.
 - **PROJECT NAME** – Provide the name of the project as registered in TABS (example: CLASSROOM ADDITION).
 - **TDLR PROJECT #** – Provide the complete TDLR Project number assigned to the project. This form may not be submitted prior to registration of your project.
 - **BUILDING OR FACILITY NAME** – Provide the name of the building or facility as registered in TABS.
 - **PHYSICAL ADDRESS** – Provide the physical address of the project as registered in TABS, including the suite number (if applicable). If no physical address is available at the time of submission, provide the physical description of the project location as registered in TABS. Post office boxes will not be accepted.
2. **OWNER OR AGENT INFORMATION** – Provide information about the building or facility owner.
 - **BUILDING/FACILITY OWNER OR DESIGNEE** – Provide the full name and contact information for the individual or business who is the building/facility owner. If the form is signed by the owner's designated agent, the agent company name must be provided.
 - **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. If this form is signed by the owner's designated agent, the agent's name must be provided. This person can be contacted for questions about the project or this form and is required to sign this form for it to be valid.
 - **ADDRESS** – Provide the Owner or Agent's mailing address. The mailing address provided is where we will send project related mail. A post office box can be used. The owner's designated agent will not receive project mail.
 - **PHONE** – Provide the Owner or Agent's phone number.
 - **EMAIL** – Provide the Owner or Agent's email address.
 - **SIGNATURE** – Acknowledgment of submission.
3. **RAS INFORMATION** – Provide the name and contact information for the Registered Accessibility Specialist (RAS) you wish to perform the required inspection.
 - **RAS NAME** – Provide the name of the RAS that will be performing the inspection.
 - **RAS COMPANY** – Provide the name of the RAS company that will be performing the inspection (if applicable).
 - **ADDRESS** – Provide the RASs mailing address. A post office box can be used.
 - **PHONE** – Provide the RASs phone number.
 - **EMAIL** – Provide the RASs email address.



TEXAS DEPARTMENT OF LICENSING & REGULATION

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

REQUEST FOR INSPECTION INSTRUCTIONS cont'd

SEND YOUR COMPLETED DOCUMENTS TO:

Project associated Registered Accessibility Specialist (RAS)

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. 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 at:

<https://www.tdlr.texas.gov/disclaimer.html#PublicInfoPolicy>.



TEXAS DEPARTMENT OF LICENSING & REGULATION

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

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

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:
_____ Signature of Owner/Designated Agent	
_____ Date	

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

3. RAS INFORMATION

RAS Name:	D. Clark Teel	RAS Company: (if applicable)	Design Access LLC	RAS #	0020
Address:					
470 Orleans, ste 900 Beaumont, Tx. 77701					
Street Name, Number, Suite Number, City, State, Zip Code					
Phone Number:	409-832-7526	Email:	Dcteel@designaccessllc.com		