



TEXAS DEPARTMENT OF LICENSING AND REGULATION
Licensing Division • P. O. Box 12157. • Austin, Texas 78711
 (512) 463-6599 • (800) 803-9202 • FAX (512) 475-2871 • www.tdlrtexas.gov

For Department Use Only

IMPORTANT INSTRUCTIONS – PLEASE READ BEFORE BEGINNING

This is only the REGISTRATION of the 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). **Please print or type.**

ARCHITECTURAL BARRIERS PROJECT REGISTRATION FORM

The required plan review will be performed by RAS (Name and License #): Michael Love 0000007			
PERSON REGISTERING PROJECT			
1. Name			RAS #(if applicable)
2. Address		City	State Zip
3. Phone ()		** Email	
PROJECT			
4. Project Name			
5. Building or Facility Name			
6. Address		City	Zip County
TENANT (if other than owner)			
7. Tenant Contact Name			Phone ()
BUILDING OR FACILITY OWNER (person or entity that holds title to property)			
8. Name			Phone ()
9. Address		City	State Zip
10. Owner Contact Name			
11. Contact Address		City	State Zip
12. Phone ()		** Email	
DESIGN FIRM			
13. Design Firm Name			Phone ()
14. Firm Address		City	State Zip
15. Design Professional Name			**Email
16. Type of License (Check One) <input type="checkbox"/> Architect <input type="checkbox"/> Engineer <input type="checkbox"/> Interior Designer <input type="checkbox"/> Landscape Architect <input type="checkbox"/> Other (includes not licensed)			License Number: (if applicable)
PROJECT DESCRIPTION			
17. Start date (MM/YY):		18. Completion Date (MM/YY):	
19. Estimated Cost :\$			
20. Type of work: (Check One) <input type="checkbox"/> New Construction <input type="checkbox"/> Renovation/Alteration <input type="checkbox"/> Additions to Existing Bldg. <input type="checkbox"/> Historic Preservation			
21. Type of Funds: (Check One)		22. State Lease No. (if applicable)	
<input type="checkbox"/> Public Funds, public land or is a state lease <input type="checkbox"/> Privately funded, on private land for private use Are the private funds provided by a tenant? <input type="checkbox"/> Yes <input type="checkbox"/> No			
23. Does this building(s) have more than one level?		(Check One)	<input type="checkbox"/> Yes <input type="checkbox"/> No
24. Are there any elevators, escalators, or platform lifts in this building?		(Check One)	<input type="checkbox"/> Yes <input type="checkbox"/> No
25. Are there any boilers in this building?		(Check One)	<input type="checkbox"/> Yes <input type="checkbox"/> No
26. Scope of Work:			

TDLR FORM AB05 03-14

NOTE: An individual who completes and files this form with the Texas Department of Licensing and Regulation (the Dept.) is entitled to the following:
 1) to be informed about the information that the Dept. collects about the individual, upon their request and subject to a few exceptions;
 2) to receive and review the information, under Sections 552.021 and 552.023 of the Texas Govt. Code; and
 3) to have the Dept. correct information about the individual that is incorrect, under Section 559.004 of the Texas Govt. Code

**The Department will add your address to the Architectural Barriers email notification list which automatically provides Department information on matters affecting Architectural Barriers. Your email address is confidential pursuant to the Texas Public Information Act; the Department will not share it with the public. For additional information link to:
<http://www.license.state.tx.us/newsletters/TDLRnotificationLists.asp>

Please return completed form to Access Atelier, LLC – 7203 S. Cooper- Suite 141, Arlington TX 76001