



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

P.O. Box 12157 • Austin, Texas 78711 • (512) 539-5669 • (877) 278-0999 • FAX (512) 539-5690

[techinfo@tdlr.texas.gov](mailto:techinfo@tdlr.texas.gov) • [www.tdlr.texas.gov](http://www.tdlr.texas.gov)

**SPECIAL REGISTRATION**

Buildings or facilities with an estimated construction cost of less than \$50,000 or projects that are not subject to the Act may be registered, reviewed, and/or inspected by a Registered Accessibility Specialist (RAS) or contract provider by mailing, shipping, or hand-delivering this form to TDLR with the following applicable filing fee.

TDLR FILING FEE SCHEDULE		WHAT TO SUBMIT TO TDLR
Under \$50,000 Registration	\$175	1. The completed Special 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. 2. A Special Registration form must be completed for each address of a building or facility.
Not Subject to the Act Registration	\$175	

**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 set and collect their own fees. Construction documents received by TDLR will not be forwarded or returned.

**PRINT OR TYPE**

RAS INFORMATION					
1. Name:		RAS #:			
2. Please check the intended work the RAS will perform: <input type="checkbox"/> Plan Review Only <input type="checkbox"/> Plan Review and Inspection <input type="checkbox"/> Inspection Only					
PROJECT					
3. Project Name:					
4. Building or Facility Name:					
5. Address:	City:	Zip Code:	County:		
PROJECT DESCRIPTION					
6. Estimated Start Date:	7. Estimated Completion Date:	8. Estimated Cost: \$			
9. Type of Work: (Check One) <input type="checkbox"/> New Construction <input type="checkbox"/> Renovation/Alteration <input type="checkbox"/> Additions to Existing Building					
10. 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		11. State Lease No.: (if applicable)			
12. Scope of Work: (If available, please include square footage.)					
TENANT (If other than owner)					
13. Tenant Contact Name:	Phone Number:	Email (required):			
DESIGNATED AGENT (if applicable)					
If this section is filled out, you must attach a Designated Agent Form					
14. Designated Agent Name:	Phone Number:	Email (required):			
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 (required):					
DESIGN FIRM					
19. Design Firm Name:	Phone Number:				
20. Firm Address:	City:	Zip Code:	County:		
21. Design Professional Name:	Email (required):				
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):			

## **INSTRUCTIONS FOR COMPLETING A SPECIAL REGISTRATION– AB 045**

1. RAS information – Enter the name and license number of the RAS for the project.
2. Select which function the RAS will be performing. If the RAS will only be performing the plan review, select “Plan Review Only.” If the RAS will also be doing the inspection, select “Plan Review and Inspection.” If the RAS will only be conducting the inspection, select “Inspection Only.”
3. Project Name - Enter the name of the project (example: CLASSROOM ADDITION). Building / Facility Name - If this project is located in a building or facility with a name, enter the name of the building (example: WASHINGTON HIGH SCHOOL).
4. Building or Facility Name - If this project is located in a building or facility with a name, enter the name of the building (example: WASHINGTON HIGH SCHOOL).
5. Address (Project) - Enter the physical address (if available) and the suite number (if applicable) of the project. Post Office Box numbers are not acceptable.
6. Estimated Start Date - Enter the date construction is scheduled to begin.
7. Estimated Completion Date - Enter the date construction is scheduled to be completed.
8. Estimated Cost \$ - 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.
9. Type of Work – Check the box for the applicable type of work.
10. Type of Funding - Check the box for the applicable method of funding.
11. 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.
12. Scope of Work – 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.
- 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.
- 16-18. Building or Facility Owner - 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”.