



ARCHITECTURAL BARRIERS - INSPECTION RESPONSE FORM

Building or facility owners or the owners' designated agent may use this form to indicate the status of outstanding violations associated with the referenced construction project that were identified during the inspection performed by a Registered Accessibility Specialist (RAS) or TDLR Investigator to verify compliance with the Texas Accessibility Standards (TAS).

This form must be submitted to the RAS or TDLR representative noted in Step 4.

STEP 1 - PROJECT INFORMATION

PRINT OR TYPE

Name:		EABPRJ #:	
Address:	Suite No:	City:	Zip:

STEP 2 - INSPECTION STATUS INFORMATION

A.	<input type="checkbox"/> All violations cited on the inspection report relating to the above referenced project <u>have been corrected</u> .
B.	<input type="checkbox"/> All violations cited on the inspection report relating to the above referenced project will be corrected by: _____ (completion date). Note: Projects inspected by a RAS, have 270 calendar days from the date of the inspection report to correct inspection violations. Completion dates after 270 calendar days of the inspection report must be approved by TDLR.
C.	<input type="checkbox"/> The following violations cited on the inspection report relating to the above referenced project <u>will not be corrected</u> : TAS violation reference(s) _____ A Variance Application has been submitted and/or approved for: _____

STEP 3 - OWNER / AGENT INFORMATION

Owner/Agent Name:		Company/Firm:	
Address:		City:	State: Zip:
Phone #:	Fax #:	**Email:	
I am the owner of this building/facility or the agent designated by the owner to act on their behalf (check one): <input type="checkbox"/> Owner (Person or entity that holds title to this property) <input type="checkbox"/> Owner's Designated Agent			
I certify by my signature below that the information provided is true and accurate. I also understand that failure to correct the violation(s) may result in this project being forwarded to the Enforcement Division of TDLR for action. Signature: _____ Date: _____			

STEP 4 - SUBMITTAL INFORMATION:

FOR RAS AND/OR TDLR USE ONLY			
Name:	RAS # (if applicable):	Company/Agency:	
Address:		City:	State: Zip:
Phone:	Fax:	**Email:	

TDLR AB 029 03-07

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) 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 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>