



# TEXAS DEPARTMENT OF LICENSING & REGULATION

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

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

## DESIGNATED AGENT FORM INSTRUCTIONS

UNLESS OTHERWISE INDICATED, ALL SECTIONS ARE REQUIRED AND MUST BE INCLUDED FOR THE DESIGNATED AGENT 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.

**If a valid Designated Agent Form is not on file, a designated agent cannot act on behalf of a building or facility owner, submit forms, and TDLR staff will not discuss a project with the individual.**

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 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.
  - **CAD ACCOUNT #** – Provide the real or commercial property ID or account number from the county appraisal district where the facility is located. The business or personal account number is incorrect. If the project is not located at a single location, such as public right-of-way projects, the field is not applicable.
  - **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 INFORMATION** – Provide information about the building or facility owner. **The owner is required to sign this form.**
  - **BUSINESS TYPE** – Check the box that indicates how the owner of the building or facility is organized.
  - **BUILDING/FACILITY OWNER** – Provide the name of the building/facility owner.
  - **NAME OF OWNER'S REPRESENTATIVE** – Provide the name of an individual or employee of the building or facility owner (if the owner is a trust, business, or government entity). 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's mailing address. The mailing address provided is where we will send project related mail. A post office box can be used.
  - **PHONE** – Provide the Owner's phone number.
  - **EMAIL** – Provide the Owner's email address.
  - **REPRESENTATIVE TITLE** – Provide the title of the owner's representative or association with owning entity.
3. **DESIGNATED AGENT INFORMATION** – Provide the name and contact information for the individual or business who will act as the designated agent for the building or facility owner. The designated agent is authorized to sign and submit forms on behalf of the owner.
  - **NAME OF DESIGNATED AGENT** – Provide the name of the individual or business that will serve as the Designated Agent for the Owner.
  - **NAME OF AGENT'S REPRESENTATIVE** – Provide the name of the individual or employee listed in this section (if applicable).
  - **ADDRESS** – Provide the Designated Agent's mailing address. A post office box can be used.
  - **PHONE** – Provide the Designated Agent's phone number.
  - **EMAIL** – Provide the Designated Agent's email address.
4. **OWNER'S ACKNOWLEDGMENT** – After reading the acknowledgment, print your name, provide your title, and date the form. By signing this form, you acknowledge that you have read and understand the statement and are aware of your responsibilities as a building or facility owner. You agree to grant the designated agent listed on the form authority to act on your behalf when communicating with and submitting documentation to TDLR. *The person signing this acknowledgment must be person listed in Section 2. The agent designated in Section 3 cannot sign this form.*

**SEND YOUR COMPLETED DOCUMENTS TO:**

Project associated Registered Accessibility Specialist (RAS)  
[techinfo@tdlr.texas.gov](mailto:techinfo@tdlr.texas.gov)

**OR**

Texas Department of Licensing and Regulation  
P.O. Box 12157  
Austin, TX 78711-2157

For additional information and questions, please visit the Texas Department of Licensing & Regulation website at [Elimination of Architectural Barriers](#).

You can request assistance or submit required attachments via [TDLR webform](#) where you can submit your request for assistance and include attachments needed. 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](#).



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## ARCHITECTURAL BARRIERS DESIGNATED AGENT FORM

**YOU MUST COMPLETE ALL SECTIONS OF THIS FORM FOR IT TO BE PROCESSED. INCOMPLETE FORMS WILL NOT BE CONSIDERED.**

THE PERSON LISTED AS A DESIGNATED AGENT ON THIS FORM IS AUTHORIZED TO SUBMIT DOCUMENTS ON BEHALF OF THE OWNER AND ACT AS AN AGENT

### 1. PROJECT INFORMATION

Project Name: _____	TDLR Project #: _____
Building or Facility Name: _____	CAD Account #: _____
Physical Address: _____ Street Name, Number, Suite Number, City, State, Zip Code	

### 2. OWNER INFORMATION

**(TO BE VALID, THIS INFORMATION MUST BE SIGNED BY THE OWNER LISTED IN THIS SECTION)**

Business Type: (Select one)			
<input type="checkbox"/> Individual	<input type="checkbox"/> Sole Proprietorship	<input type="checkbox"/> Limited Partnership	<input type="checkbox"/> Corporation
<input type="checkbox"/> Trust or Estate	<input type="checkbox"/> Government	<input type="checkbox"/> Other: _____	
Building/Facility Owner: _____	Name of Owner's Representative: _____ (If Owner is Trust, Business or Government Entity)		
Address: _____ Street Name, Number, Suite Number, City, State, Zip Code			
Phone Number: _____	Email Address: _____	Representative Title: _____	

### 3. DESIGNATED AGENT INFORMATION

Name of Designated Agent: _____	Name of Agent's Representative: _____ (If Agent is a trust, Business, or Government Entity)
Address: _____ Street Name, Number, Suite Number, City, State, Zip Code	
Phone Number: _____	Email Address: _____

### 4. OWNER'S ACKNOWLEDGMENT

**THE OWNER OR OWNER'S REPRESENTATIVE MUST SIGN THIS FORM. THIS FORM WILL BE REJECTED IF SIGNED BY THE DESIGNATED AGENT.**

By signing and submitting this form, I authorize the individual or business listed in Section 3 of this form to serve as the Designated Agent for the project identified above. I understand that as the owner of the building or facility listed in Section 1 of this form, I remain responsible for compliance with all requirements for this project set forth in Chapter 469, Texas Government Code, and Title 16, Chapter 68, Texas Administrative Code.

_____ Print Name	_____ Title
_____ Owner's Signature	_____ Date