



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

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For Department Use Only
EABPRJ

IMPORTANT INSTRUCTIONS - PLEASE READ BEFORE BEGINNING

This form shall be used by a Registered Accessibility Specialist (RAS) for the exclusive purpose of providing the department with the accurate status of a project. Each change in applicable project status requires the submittal of a **separate form** to the department. Each form must contain the project information, RAS Information and signature. In addition, each form must reflect only the new status change. Forms that are illegible and/or incomplete will not be processed and will be returned to the RAS.

PROJECT INFORMATION PROJECT STATUS UPDATE FORM PLEASE PRINT OR TYPE

1. Project Name and Address	2. EABPRJ #
3. Type of Construction: (Check One) <input type="checkbox"/> New <input type="checkbox"/> Addition <input type="checkbox"/> Alteration <input type="checkbox"/> Historic Preservation <input type="checkbox"/> Public Right of Way	

RAS INFORMATION

4. Name		5. RAS #	
6. Address		City	State Zip Code
7. Phone Number: ()	8. Fax Number: ()	9. Email	
10. Any Fee Included? <input type="checkbox"/> Yes <input type="checkbox"/> No	11. Check No.	12. Amount \$	13. Payor Name
14. I certify that the following information provided to the department accurately reflects the status of the referenced project:			
_____ Signature of RAS		_____ Date	

CHANGE IN CONTACT INFORMATION (Check One): Owner (holds title to the property) Owner's Agent Design Professional

15. Name	16. Company/Agency		
17. Address	City	State	Zip Code
18. Phone Number: ()	19. Fax Number: ()	20. Email	

PROJECT STATUS (Check the status that applies and provide the required information)

21. <input type="checkbox"/> PLAN REVIEW		Date of Report:	MONTH	DAY	YEAR	
22. <input type="checkbox"/> CHANGE IN ESTIMATED COMPLETION DATE (ECD)		New ECD:	MONTH	DAY	YEAR	
23. <input type="checkbox"/> INSPECTION Is this new construction? <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> No Violations	<input type="checkbox"/> Violations Pending	Date of Report:	MONTH	DAY	YEAR
24. <input type="checkbox"/> CORRECTIVE MODIFICATIONS	<input type="checkbox"/> No Violations	<input type="checkbox"/> Violations Pending	Date of Response:	MONTH	DAY	YEAR
25. <input type="checkbox"/> TO BE CLOSED You <u>must</u> attach written documentation from the owner for file to be closed.	<input type="checkbox"/> Not constructed	<input type="checkbox"/> Exempted (Required: law, rule or TAS § for exemption) _____	<input type="checkbox"/> Under \$50,000	<input type="checkbox"/> Duplicate (registered more than once) of: EABPRJ		
26. <input type="checkbox"/> TRANSFER	<input type="checkbox"/> Correspondence	<input type="checkbox"/> Received after file was transferred to the department <input type="checkbox"/> Other (Explain): _____				
	<input type="checkbox"/> Project File	<input type="checkbox"/> Inspection overdue <input type="checkbox"/> Verification of corrections not received <input type="checkbox"/> To TDLR per Project File Request <input type="checkbox"/> To another RAS (Print Name): _____ (RAS #) _____				
27. <input type="checkbox"/> OTHER	<input type="checkbox"/> Other (Explain): _____					