

TEXAS DEPARTMENT OF LICENSING AND REGULATION ARCHITECTURAL BARRIERS - INSPECTION RESPONSE

PLEASE READ THESE IMPORTANT INSTRUCTIONS

Building/facility owners or their agents may use this form to indicate the status of outstanding violations cited as a result of a Texas Accessibility Standards (TAS) inspection required by the Texas Architectural Barriers Act. To ensure proper processing, follow each STEP making sure to return the completed form (fax, mail, or hand-delivery) to the Registered Accessibility Specialist (RAS) or TDLR inspector that inspected the building/facility.

STEP 1: PRINT OR TYPE

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

STEP 2: COMPLETE A OR B AS APPROPRIATE

A.	<input type="checkbox"/>	All of the (# of violations) violations, cited on the inspection report relating to the above referenced project, have been corrected as of _____ (date).
B.	<input type="checkbox"/>	<p>Only _____ (# of violations), cited on the inspection report relating to the above referenced project, have been corrected as of _____ (date). The remaining _____ (# of violations) will be addressed as noted below.</p> <p style="margin-left: 40px;"><input type="checkbox"/> The following violations _____ (TAS section #) will not be corrected.</p> <p style="margin-left: 40px;"><input type="checkbox"/> An extension is requested until _____ (date).</p> <p style="margin-left: 40px;"><input type="checkbox"/> Variance(s) for the following violation(s) _____ (TAS section #) will be submitted.</p>

STEP 3: PRINT OR TYPE

Owner/Agent Name:		Company/Firm:		
Address:		City:	State:	Zip:
Telephone #:	Fax #:	E-mail Address:		
<p>I am the owner of this building/facility or an agent designated by the owner to act on their behalf:</p> <p style="text-align: center;"> <input type="checkbox"/> Owner <input type="checkbox"/> Owner's Agent </p> <p>I certify by my signature below that the information provided is true and accurate. I also understand that failure to correct the violations(s) may result in this project being forwarded to the Enforcement Division of TDLR for action.</p> <p>Signature: _____ Date: _____</p>				

STEP 4: RETURN THIS FORM TO THE INSPECTOR

FOR INSPECTORS USE ONLY			
Name of Inspector and/or Company Firm:			
Address:	City:	State:	Zip:
Telephone #:	Fax #:	E-mail Address:	

TDLR AB b029 07-03

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 Department correct information about the individual that is incorrect, under Section 559.004 of the Texas Govt. Code.