



**TEXAS DEPARTMENT OF LICENSING AND REGULATION  
ARCHITECTURAL BARRIERS - PROJECT STATUS UPDATE**

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**PLEASE SEE IMPORTANT INSTRUCTIONS BEFORE BEGINNING**

PRINT OR TYPE

<b>Project Name:</b>	<b>AB Project Number:</b>
<b>Project Address:</b>	

**Update the Applicable Status Below**

<b>1. <input type="checkbox"/> PLAN REVIEW *Project Filing Fee Required</b>		<b>Date Performed:</b>	
Approved <input type="checkbox"/>	Disapproved <input type="checkbox"/>	Conditional Approval <input type="checkbox"/>	
RAS#:	Phone:	Name:	
Address:		City	State    Zip
**E-mail:	Check No. :	Payor Name :	Amount:

<b>2. <input type="checkbox"/> RESUBMITTALS/DESIGN REVISIONS</b>		<b>Date Received:</b>	
Approved <input type="checkbox"/>	Disapproved <input type="checkbox"/>	Conditional Approval <input type="checkbox"/>	

<b>3. <input type="checkbox"/> NEW OWNER INFORMATION</b>		<b>Date Received:</b>	
Name:		Phone:	
Address:		City	State    Zip

<b>4. <input type="checkbox"/> PROJECT DELAYED/COMPLETED/CANCELED</b>	
<input type="checkbox"/> Revised Construction Completion Date is:	<input type="checkbox"/> Project Canceled and Verification Received on:

<b>5. <input type="checkbox"/> INSPECTION</b>		<b>Date Performed:</b>	
Approved <input type="checkbox"/>	Disapproved <input type="checkbox"/>		

<b>6. <input type="checkbox"/> VERIFICATION OF CORRECTIVE MODIFICATIONS</b>		<b>Date Received:</b>	
Approved <input type="checkbox"/>	Disapproved <input type="checkbox"/>		

<b>7. <input type="checkbox"/> EXTENSION REQUEST</b>		<b>Date Received:</b>	
Approved <input type="checkbox"/>	Disapproved <input type="checkbox"/>		
New Deadline for Completion of Corrective Modifications is:			

<b>8. <input type="checkbox"/> TRANSFER FILE</b>		<b>Date Performed:</b>	
<input type="checkbox"/> Verification of Corrective Modifications not received or does not address all violations.		<input type="checkbox"/> Inspection Overdue	
<input type="checkbox"/> Other – Explanation:			
I certify, that to the best of my knowledge, the information pertaining to this project is true and correct			
Signature of Registered Accessibility Specialist		Date	

TDLR FORM AB 037 02-05

**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) to have the Department 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 information from the Department on matters affecting Architectural Barriers. Your email address is confidential pursuant to the Texas Public Information Act and the Department will not share it with the public. See additional information at the following link: <http://www.license.state.tx.us/newsletters/TDLRnotificationLists.asp>

## INSTRUCTIONS FOR COMPLETING THE PROJECT STATUS UPDATE FORM – AB 037

1. After review is completed, RAS shall check Box #1, provide the date review was performed, check the applicable review status, and provide the RAS contact information. **NOTE: Project Filing Fee is required.** Indicate the number of the check submitted to TDLR, the payor name, and the check amount.
2. If resubmittals/design revisions are received, RAS shall check Box #2, provide the date the resubmittals/design revisions were received, and check the box of the applicable project status.
3. If there is new owner information, RAS shall check Box #3 and enter the name and contact information of the person or persons, company, corporation, authority, commission, board, governmental entity, institution, or any other unit that holds title to subject building or facility.
4. If the project has been delayed, completed, or canceled, RAS shall check Box #4, check the box of the applicable project status, and provide the applicable date information.
5. After initial inspection is completed, RAS shall check Box #5, provide the date inspection was performed, and check the applicable inspection status.
6. If verification of corrective modifications is received, RAS shall check Box #6, provide the date the corrective modifications were received, and check the applicable project status.
7. If an extension request is received, RAS shall check Box #7, provide the date the extension request was received, and check the applicable project status. **NOTE:** If extension is approved, then the new deadline date for completing corrective modifications shall be provided.
8. When it is necessary to transfer files to TDLR, RAS shall check Box #8 and check the applicable reason for project file transfer.

**NOTE:** All fees are non-refundable.  
All date information must be provided in mm/dd/yy format.  
Project Status Update form must be signed and dated by the RAS.  
Originals of this form shall be added to the project file and copies forwarded to TDLR.