



TEXAS DEPARTMENT OF LICENSING AND REGULATION

P.O. Box 12157 - Austin, Texas 78711-2157
1-800-803-9202 - (512) 463-6599 - FAX (512) 475-2871
www.license.state.tx.us - customer.service@license.state.tx.us

APPLICATION FOR:

REGISTERED ACCESSIBILITY SPECIALIST

PURSUANT TO GOVERNMENT CODE, CHAPTER 469, SUBCHAPTER E

DO NOT WRITE IN THE FEE AREA IMMEDIATELY BELOW

Table with 5 columns: FEE, RECEIPT NUMBER, FEE AMOUNT, PMT. AMOUNT, MONEY TYPE. Rows include Examination Fee (\$100.00), Single Endorsement Application Fee (\$200.00), and Additional Endorsement Application Fee (\$100.00).

DO NOT WRITE ABOVE THIS LINE

NOTE: ALL INFORMATION MUST BE TYPED OR PRINTED IN INK. IF ALL REQUIREMENTS FOR A LICENSE ARE NOT MET WITHIN TWELVE (12) MONTHS OF THE FILING DATE, THE APPLICATION WILL BE CLOSED.

1. Applicant's Full Name:

Last First Middle Initial Suffix (JR, SR, III)

2. Date of Birth: - -

3. Gender Female Male

4. Applicant's Social Security No.:

Note: Section 231.302 of the Texas Family Code REQUIRES all applicants to disclose their Social Security Number (SSN) when filing an application. The SSN that is provided is confidential and is required to enforce Child Support orders. Failure to provide the SSN will prevent a license from being issued and could ultimately lead to termination of the application.

5. Physical Location: STREET ADDRESS MUST BE DESIGNATED BELOW. (A license will not be issued to a P.O. Box only.)

Number, Street, Suite No., Apt. No.

City State Zip Code Area Code Phone Number

6. Mailing Address : (USED FOR ALL CORRESPONDENCE) (P.O. Box is allowed for this address.)

Number, Street, Suite No., Apt. No.

City State Zip Code Area Code Phone Number

FAX Number: Area Code Phone Number E-mail Address (johndoe@aol.com for example) See Note 1

7. Company: Company Name Area Code Phone Number

8. Have you ever been convicted of a criminal offense? Yes No (Include all felonies and misdemeanors other than traffic tickets.) If YES, attach a "Criminal History Questionnaire" to this application. All forms may be found at www.license.state.tx.us/ab/abforms.htm.

9. Have you ever had a license, certification or registration suspended, revoked or denied in any state? Yes No If YES, submit a "Disciplinary Action Questionnaire" with this application. All forms may be found at www.license.state.tx.us/ab/abforms.htm

10. Were you previously assigned an Independent Contract Provider (ICP) number? Yes No ICP #

THIS FORM CONSISTS OF 2 PAGES.

CHECK EACH ENDORSEMENT FOR WHICH YOU ARE APPLYING

REVIEW **INSPECTION**

11. Please circle the option that specifies how you satisfy the requirements for a Single Endorsement to perform Reviews OR Inspections. If you are applying for an Additional Endorsement circle two options. (One for Reviews AND one Inspections.)

TO PERFORM REVIEWS CIRCLE THE OPTION THAT APPLIES

- | | | | |
|-----------------|--|------------|---|
| OPTION 1 | Degree (architecture, engineering, Interior design, landscape architecture, or equivalent) | AND | One Year Experience related to building planning, accessibility design, or review or equivalent |
| OPTION 2 | Eight Years Experience related to building planning, accessibility design, or review or equivalent | | |
| OPTION 3 | Certification as accessibility specialist granted by a Model Building Code Organization | AND | Four Years Experience related to building planning, accessibility design, or review or equivalent |

TO PERFORM INSPECTIONS CIRCLE THE OPTION THAT APPLIES

- | | | | |
|-----------------|---|------------|---|
| OPTION 1 | High School Diploma or equivalent | AND | Four Years Experience related to building inspections, building planning, accessibility design or review, or equivalent |
| OPTION 2 | Certification as accessibility specialist granted by a Model Building Code Organization | AND | Two Years Experience related to building inspections, building planning, accessibility design or review, or equivalent |

ATTACHMENTS

12. Are you currently Certified as an accessibility specialist by a Model Building Code Organization?
 Yes No If YES, attach a copy of the certificate.

13. Have you successfully completed the Texas Accessibility Academy? Yes No If YES, attach a copy of the certificate.

14. Attach a resume to demonstrate your experience and/or education.

NOTICE REGARDING APPLICABLE FEES

- **If you submit an insufficient fee amount with this application, or submit an outdated application form, it may be returned to you.** To verify the correct form version and required fees, consult the TDLR web site (www.license.state.tx.us) or contact TDLR using the information at the top of the first page.
- **All fees are required with this application,** including a fee for the exam. Example: single endorsement requested — total fee required = \$300. dual endorsement requested— total fee = \$400. Application fees are not refundable.

STATEMENT OF APPLICANT

15. By signing this application I certify all information submitted on this and attached forms is true and accurate. I authorize TDLR to conduct any investigations of me which it deems prudent. I understand that the information revealed in an investigation may be cause for disapproval of the application even though other requirements for a license have been met . I understand that the contents of the qualifying examination are confidential and that revealing questions and answers to another applicant or to any person associated with a school or examination preparation course is grounds for disapproval of the application or revocation of my license. If I am asked to reveal the contents of an examination, I will not do so.

Date Signed

Signature of Applicant

NOTE 1: 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>.

NOTE 2: State law prohibits renewing a license more than once after a licensee has defaulted on a student loan guaranteed by the **Texas Guaranteed Student Loan Corporation (TGSLC)** unless the licensee has entered into a repayment agreement with TGSLC. **YOU SHOULD CONTACT TGSLC BEFORE FILING THIS APPLICATION** if you have defaulted on a student loan. An application or renewal may be rejected if this agency has received information from TGSLC that the applicant has defaulted on a student loan. The Texas Guaranteed Student Loan Corporation can be contacted at: **Texas Guaranteed Student Loan Corporation, P.O. Box 15996, Austin, Texas 78761-5996, Telephone: 1-800-222-6297.**