

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-deliver) 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.**  All of the \_\_\_\_\_ (# of violations) violations cited on the inspection report relating to the above referenced project have been corrected as of \_\_\_\_\_ (date).

**B.**  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.

The following violations \_\_\_\_\_ (TAS section #) will not be corrected.

An extension is requested until \_\_\_\_\_ (date).

Variance(s) for the following violation(s) \_\_\_\_\_ (TAS section #) will be submitted.

**STEP 3: PRINT OR TYPE**

Owner/Agent Name:		Company/Firm:	
Address:	City:	State:	Zip:
Telephone #:	Fax #:	E-mail Address:	

**I am the owner of this building/facility or an agent designated by the owner to act on their behalf:**

Owner
  Owner's Agent

**I certify by my signature below that the information provided is true and accurate. I also understand that failure to correct the violation(s) may result in this project being forwarded to the Enforcement Division of TDLR for action.**

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**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:	

- 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.