



TEXAS DEPARTMENT OF LICENSING AND REGULATION

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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) or a contract provider 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 new form to the department and each new 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.

PROJECT INFORMATION PROJECT STATUS UPDATE FORM PLEASE PRINT OR TYPE

1. Project Name		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
7. Phone	8. Fax	9. **Email	
9. Any Fee Included? <input type="checkbox"/> Yes <input type="checkbox"/> No	10. Check No.	11. Amount \$	12. Payor Name
I certify that the following information provided to the department accurately reflects the status of the referenced project:			
13. _____		Date _____	

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

14. Name		15. Company/Agency	
16. Address		City	State Zip
17. Phone	18. Fax	19. **Email	

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

20. <input type="checkbox"/> PLAN REVIEW		Date of Report:		MONTH	DAY	YEAR
21. <input type="checkbox"/> REVISION		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 Received:		MONTH DAY YEAR
25. <input type="checkbox"/> TO BE CLOSED	<input type="checkbox"/> Not constructed	<input type="checkbox"/> Exempted by Rule	<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 #) _____ <input type="checkbox"/> Other (Explain) _____				

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