



TEXAS DEPARTMENT OF LICENSING AND REGULATION
PO Box 12157 • Austin, Texas 78711-2157
(800) 803-9202 • (512) 463-6599 • FAX (512) 475-2871
www.tdlr.texas.gov • customer.service@tdlr.texas.gov

REGISTERED ACCESSIBILITY SPECIALIST LICENSE APPLICATION INSTRUCTIONS

The application must be completed and signed by the applicant. An application is not considered complete and will not be processed until all required items have been submitted. All information provided must be typed or printed in black ink. Attachments must be submitted on separate pieces of single-sided, 8½" x 11" paper. Use a paperclip to fasten all pages together, with the check or money order on top. **Do not use staples.**

DOCUMENTS SUBMITTED WITH YOUR APPLICATION WILL NOT BE RETURNED. KEEP A COPY OF YOUR COMPLETED APPLICATION, ALL ATTACHMENTS, AND YOUR CHECK OR MONEY ORDER.

1. NAME – Write your legal name in the spaces provided. (Last, First, Middle Initial, Suffix) Examples of a suffix include Jr., Sr., and II. (MR is not a suffix.)
2. DATE OF BIRTH – Write your birthdate.
3. GENDER – Select whether you are male or female.
4. SOCIAL SECURITY NUMBER – Social Security number disclosure is required by Section 231.302(1) of the Texas Family Code in order to obtain a license. Your social security number is subject to disclosure to an agency authorized to assist in the collection of child support payments. For more information regarding child support payments, contact the Texas Attorney General at:
www.oag.state.tx.us/child/index or call (512) 460-6000 or (800) 252-8014.
5. MAILING ADDRESS – Write your current mailing address. This is the address where we will send you mail. This address can be a post office box. You can add the zip plus-4 to help the postal service deliver mail more efficiently and accurately.
6. PHYSICAL ADDRESS – Write your physical address of your residence. Do not use a post office box for this address.
7. PHONE NUMBER – Write a telephone number, including the area code, where we can reach you during the day. This may be your office phone number where we can leave a message.
8. EMAIL ADDRESS – Write your email address. Please provide your email address so the department may email license information and required notices to you. Your email address is confidential pursuant to the Texas Public Information Act, and the department will not share it with the public.
9. CRIMINAL HISTORY – Indicate if you have ever been convicted of, or placed on deferred adjudication for, any misdemeanor or felony, other than a minor traffic violation. If YES, complete and attach a Criminal History Questionnaire for each offense. This form can be obtained from the TDLR website at www.tdlr.texas.gov/MISC/lic002.pdf

If you are worried your criminal history could prevent you from getting this license, Texas allows you to have your criminal history evaluated before submitting your application and non-refundable fees. To request a criminal history evaluation, submit a Criminal History Evaluation Letter, a completed Criminal History Questionnaire form for each crime you were convicted of, or placed on deferred adjudication for, and a \$25 fee. You can find more information on the process and download the necessary forms on the TDLR website at www.tdlr.texas.gov/crimHistoryEval.htm

10. DISCIPLINARY ACTION HISTORY – Indicate if you have ever had an occupational license, certification, or registration suspended, revoked, or denied in any state. If you have, complete and attach a Disciplinary Action Questionnaire for each disciplinary action. This form can be obtained from the TDLR website at www.tdlr.texas.gov/misc/DisciplinaryActionQuestionnaire.pdf
11. EMPLOYER NAME - Write the name of your employer, if you are employed by a company as a registered accessibility specialist.
12. EMPLOYER PHONE NUMBER - Write your employer's telephone number, including the area code.
13. SELECT THE OPTION THAT IDENTIFIES HOW YOU SATISFY THE REQUIREMENT OF A RAS - Check the option that identifies how you satisfied the registration requirements as a registered accessibility specialist. You must attach a resume to demonstrate your experience and education in detail as it pertains to your building planning, accessibility design or review or equivalent experience.
14. ARE YOU CURRENTLY CERTIFIED AS AN ACCESSIBILITY SPECIALIST BY A MODEL BUILDING CODE ORGANIZATION - Check YES or NO to indicate if you are certified by a model building code organization. If YES, you must attach a copy of the certificate.

15. HAVE YOU SUCCESSFULLY COMPLETED THE TEXAS ACCESSIBILITY ACADEMY - Check YES or NO to indicate if you have successfully completed the Texas Accessibility Academy. If YES, attach a copy of the certificate. The Academy must be successfully completed prior to taking the examination. For information on attending the Academy, go to www.tdlr.texas.gov/ab/taa.htm, email academy@tdlr.texas.gov, or call (512) 463-3211.
- 16 MILITARY SERVICE MEMBERS, VETERANS AND MILITARY SPOUSES - Check this box if you intend to use military service, experience, training, or education or are applying as a military spouse.
- Military Service Members or Military Veterans - Submit documentation that provides verifiable proof of your relevant military service, experience, training or education. Documents that can be submitted are your DD-214, VMET-2586, military transcripts, training records, evaluation reports or a letter from your commanding officer describing your relevant duties and training.
 - Military Spouses - Submit a completed Military Spouse Supplemental Application with this application and all other requested information. The Military Spouse Supplemental Application can be found at www.tdlr.texas.gov/misc/militaryspouse.pdf
17. STATEMENT OF APPLICANT - Carefully read the statement of applicant before dating and signing your application.

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 ATTN: Collections PO Box 83100, Round Rock, TX 78683-3100, Telephone: (800) 222-6297.**



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Do Not Write Above This Line
 YOU MUST MEET ALL REQUIREMENTS WITHIN 12 MONTHS OF THE FILING DATE, OR THE APPLICATION WILL BE TERMINATED.
APPLICATION FEE: \$300 (FEE IS NON-REFUNDABLE)

1. Name:

Last First Middle Suffix

2. Date of Birth: _____ - _____ - _____
Month Day Year

3. Gender: Male Female

4. Social Security Number:
 (See instruction sheet for disclosure information) _____

5. Mailing Address: (Used to receive mail from TDLR) (PO box is allowed for this address)

Number, Street Name, Suite Number/Apartment Number

City State Zip Code

6. Physical Address: (PO box is not allowed for this address)

Number, Street Name, Suite Number/Apartment Number

City State Zip Code

7. Phone Number: (_____) _____
Area Code Phone Number

8. Email Address: _____
(Ex: johndoe@aol.com) See instruction sheet for disclosure information

9. Have you ever been convicted of, or placed on deferred adjudication for, any misdemeanor or felony, other than a minor traffic violation? Yes No
 If YES, complete and attach a Criminal History Questionnaire for each offense.
See instruction sheet for more information

10. Have you ever had an occupational license, certification or registration suspended, revoked, or denied in any state? Yes No
 If YES, attach a Disciplinary Action Questionnaire to this application. (This does not include your driver license.)

11. Employer Name: _____

12. Employer Phone: (_____) _____
Area Code Phone Number

LICENSING REQUIREMENTS

13. Select the option that identifies how you satisfied the requirements for a registered accessibility specialist:
(Attach a resume to demonstrate your experience and/or education)

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.

14. Are you currently certified as an accessibility specialist by a model building code organization?

Yes No If YES, attach a copy of the certificate.

15. Have you successfully completed the Texas Accessibility Academy?

Yes No If YES, attach a copy of the certificate.

16. MILITARY SERVICE MEMBERS, VETERANS & MILITARY SPOUSES

Check this box if you intend to use military service, experience, training or education or are applying as a military spouse.

***For military service, experience, training or education**, attach to your application the supporting documentation (DD-214, military transcripts, training records, VMET 2586, evaluation reports or a letter from your commanding officer) that verifies relevant experience, service, training or education.

***For military spouse**, attach a completed Military Spouse Supplemental Application. This application can be found at www.tdlr.texas.gov/misc/militaryspouse.pdf

17. STATEMENT OF APPLICANT

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