



TEXAS DEPARTMENT OF LICENSING & REGULATION

P.O. Box 12157 • Austin, Texas 78711-2157

techinfo@tdlr.texas.gov • www.tdlr.texas.gov

STATE LEASE APPLICATION INSTRUCTIONS

UNLESS OTHERWISE INDICATED, ALL SECTIONS ARE REQUIRED AND MUST BE INCLUDED FOR THE STATE LEASE APPLICATION FORM TO BE PROCESSED. Failure to include all information will result in a delay in processing and the form will be returned to the project owner. Form must be complete in print or type.

A building owner, per Texas Government Code Sec. 469.058, is responsible for any violation of the Elimination of Architectural Barriers program laws or rules and may be subject to administrative penalties for any violation.

For TDLR to perform the project registration within the Texas Architectural Barriers online System (TABS), mail the completed Project Registration form and a check or money order for the filing fee payable to the Texas Department of Licensing and Regulation (TDLR) to P.O. Box 12157, Austin, TX 78711. All fees to the department are **non-refundable**.

IMPORTANT: The construction documents and any fees applicable to plan review and/or inspection services **MUST** be submitted to the Registered Accessibility Specialist (RAS). RASs set and collect their own fees. Construction documents received by TDLR will not be forwarded or returned or uploaded into the Texas Architectural Barriers online System (TABS).

A State Lease Registration form must be completed for each address of a building or facility.

1. **RAS INFORMATION** – (required) Provide information about the Registered Accessibility Specialist (RAS) to perform services.
 - **RAS NAME AND NUMBER** - Enter the name and license number of the RAS for the project.
2. **PROJECT INFORMATION** – (required) Provide information about the project for which you are registering.
 - **PROJECT NAME** – Enter the name of the project (example: CLASSROOM ADDITION).
 - **BUILDING OR FACILITY NAME** – If this project is in a building or facility with a name, enter the name of the building (example: WASHINGTON HIGH SCHOOL).
 - **PHYSICAL ADDRESS** – Provide the physical address of the project, including the suite number (if available). If no physical address is available at the time of submission, provide the physical description of the project location. Post Office Boxes will not be accepted.
 - **ESTIMATED START DATE** – Provide the date construction is scheduled to begin.
 - **ESTIMATED COMPLETION DATE** – Provide the date construction is scheduled to be completed.
 - **ESTIMATED COST \$** – Provide the estimated cost of construction. Cost should not include site acquisition, architectural, engineering, or consulting fees, furnishings, or equipment that is not part of the building mechanical systems.
 - **TYPE OF WORK** – Check the box for the applicable type of work. New Construction would be considered a new lease, new finish out or new lease to a new building/facility. Renovation/Alteration would be considered a new lease at a new location in an existing building, or new lease at the same location in an existing building, or renovation construction to an existing lease. Additions to Existing Building would be considered an extension of current lease period or add space to current lease contract, or addendum to current lease contract.
 - **TYPE OF FUNDING** – Check the box for the applicable method of funding. If the project is a renovation, check who is providing the funds for the project.
 - **CAD ACCOUNT #** - Provide the real or commercial property ID or account number from the county appraisal district where the facility is located. Do not provide business or personal account number, as they are incorrect type. If the project is not located at a single location, such as public right-of-way projects, the field is not applicable. **Copy of CAD record required at registration.**
 - **SCOPE OF WORK** – Provide a detailed description of the construction activities.
 - **SQUARE FOOTAGE** - Provide the estimated total square footage of the construction project.
 - **LEASE PERIOD START DATE** – Provide the date which the lease agreement states the lease begins.
 - **LEASE PERIOD END DATE** – Provide the date which the lease agreement states the lease will end.
 - **PREVIOUS LEASE INSPECTION #** - Provide the lease number if the space has been inspected by TDLR before.
 - **ORIGINAL CONSTRUCTION OF BUILDING** – Provide the date the original building was constructed, if a renovation or addition project.
3. **OWNER INFORMATION** – (required) Provide information about the building or facility owner. The owner will receive all email and mailed correspondence from the Department.
 - **BUILDING/FACILITY OWNER** – Provide the full name of the building/facility owner as found in CAD database of the county in which the building/facility is located.
 - **NAME OF OWNER'S REPRESENTATIVE** – Provide the full name of an individual or employee of the building or facility owner if the owner is a trust, business, or government entity. This person can be contacted for questions about the project for this form.
 - **ADDRESS** – Provide the Owner's mailing address. The mailing address provided is where we will send project related mail. A Post Office Box can be used.



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STATE LEASE APPLICATION INSTRUCTIONS CONT'D

- PHONE – Provide the Owner's phone number.
 - EMAIL – Provide the Owner's email address. This email address cannot be duplicated as any other contact for this project.
 - BUSINESS TYPE – Check the box that indicates how the owner of the building or facility is organized. NOTE: For LPs, LLPs, LLCs Form EAB247N must be on file to designate another entity as the project agent.
4. DESIGNATED AGENT INFORMATION – (if applicable) Provide the name and contact information for the individual or business who will act as the designated agent for the building or facility owner. The designated agent is authorized to sign and submit forms on behalf of the owner. If completing this section, you must attach a designated agent form.
- NAME OF DESIGNATED AGENT – Provide the full name of the individual or business that will serve as the Designated Agent for the Owner.
 - NAME OF THE AGENT'S REPRESENTATIVE – Provide the full name of the individual or employee of business that will serve as the Designated Agent for the Owner listed in this section (if applicable).
 - ADDRESS – Provide the Designated Agent's mailing address. A Post Box can be used.
 - PHONE – Provide the Designated Agent's phone number.
 - EMAIL – Provide the Designated Agent's email address.
5. LEASEE INFORMATION – (required) Provide the name and contact information for the governmental entity, institution, or any other unit that will occupy the project space.
- OCCUPYING AGENCY – Provide the exact name of the state agency occupying the space.
 - NAME OF THE AGENCY'S REPRESENTATIVE – Provide the name of the individual or employee listed in this section (if applicable).
 - ADDRESS – Provide the Occupying Agency's mailing address. A Post Office Box can be used.
 - PHONE – Provide the Occupying Agency's phone number.
 - EMAIL – Provide the Occupying Agency's email address.

IMPORTANT

The Architectural Barriers State Lease Registration Form must be signed by the lessee and submitted to TDLR with a copy of each state lease contract.

Any application to waive or modify accessibility standards adopted under Texas Government Code, Chapter 469, must be received prior to the date the lessor:

is awarded the contract for the lease or rental of the building or facility if the state does not advertise for bids; or submits a bid proposal in relation to the award of a contract for the lease or rental of the building or facility.

All building and facilities to be leased by the state, are required to have an on-site inspection for compliance with all accessibility standards adopted by Texas Government Code, Chapter 469, before the building or facility is occupied by the state.

SEND YOUR COMPLETED DOCUMENTS TO:

Texas Department of Licensing and Regulation
P.O. Box 12157
Austin, TX 78711-2157

For additional information and questions, please visit the Texas Department of Licensing & Regulation website at [Elimination of Architectural Barriers](#).

For assistance with this form, you may contact techinfo@tdlr.texas.gov. You may contact Customer Service Representatives at (800) 803- 9202 (in state only) or (512) 463-6599; Relay Texas-TDD: (800) 735-2989. Customer Service Representatives are available Monday through Friday from 7:00 a.m. until 6:00 p.m. Central Time (excluding holidays).

TDLR Public Information Act Policy: This document is subject to the Texas Public Information Act. With certain exceptions, information in this document may be made available to the public. For more information, view the [TDLR Public Information Act Policy](#).



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ARCHITECTURAL BARRIERS STATE LEASE REGISTRATION APPLICATION

State leased buildings or facilities with an annual lease expense in excess of \$12,000 shall be registered with the department by completion of a State Lease Registration form and submitting it along with the applicable fee(s). This requirement applies to both initial lease agreements, lease renewals, or state leased buildings or facilities that are being constructed, renovated, or modified, per Texas Government Code Chapter 469.106.

1. RAS INFORMATION

Name:	RAS #:
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2. PROJECT INFORMATION

Project Name:		
Building or Facility Name:		
Address: (Street Number, Street Name, Suite Number, City, State, Zip Code)		County:
Estimated Start Date: (if applicable)	Estimated Completion Date: (if applicable)	Estimated Cost: \$
Type of Work: (Select One)	New Construction	Renovation/Alteration
Additions to Existing Building		
State Lease #:	CAD Account #:	
Scope of Work: (including square footage)		
Lease Period Start Date:	Lease Period End Date:	
Previous lease inspection #: (if applicable)	Original Construction of Building: (if applicable)	

3. BUILDING or FACILITY OWNER (person or entity that holds title to the property)

Building/Facility Owner:	Representative:
Address: (Street Number, Street Name, Suite Number, City, State, Zip Code)	
Email:	Phone Number:
Business Type: (Select one)	
Individual	Sole Proprietorship
Government	LLP
Corporation	LLC
Trust or Estate	Limited Partnership
Other:	

4. DESIGNATED AGENT (if applicable)

If this section is filled out, you must attach a Designated Agent Form

Designated Agent Name:	Representative:
Address: (Street Number, Street Name, Suite Number, City, State, Zip Code)	
Email:	Phone Number:

5. LEASEE INFORMATION

Occupying Agency:	Representative:
Address: (Street Number, Street Name, Suite Number, City, State, Zip Code)	
Email:	Phone Number: