



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

REGISTERED ACCESSIBILITY SPECIALIST CONTACT UPDATE FORM

Pursuant to T.A.C., Title 16, Chapter 68, Architectural Barriers Administrative Rule 68.75(d), Registered Accessibility Specialists shall notify the department of changes to contact information including but not limited to name, address, phone number, and e-mail addresses. Not Applicable "N/A" should be used where appropriate.

DO NOT WRITE IN THE FEE AREA IMMEDIATELY BELOW

Table with 4 columns: FEE, RECEIPT NUMBER, PAYMENT AMOUNT, MONEY TYPE. Row 1: Reprint Wallet Card and Reprint Wall Certificate Fee

DO NOT WRITE ABOVE THIS LINE

All information must be typed or printed. Fees submitted with this application are not refundable.

If required, send one check in the amount of \$25.00 or if requesting both a wallet card and wall certificate send one check for \$50 made payable to TDLR along with this form to the address shown above. If the fee is not included, your file will be updated as you indicate below, however a new license will not be printed.

- Update my license as I have indicated below. (No charge)
Reprint my wallet card. I have included the \$25.00 fee.
Reprint my wall certificate. I have included the \$25.00 fee.

RAS Name: (Last) (Middle) (First) (Suffix) RAS #:

COMPANY CONTACT INFORMATION, IF ANY

Business Name: Business Phone #: ()
Business Email:

PERSONAL CONTACT INFORMATION

Personal Phone: () Personal FAX: ()
Personal Email:

YOUR PERMANENT MAILING ADDRESS (The department will use this address for all correspondence. You may indicate PO Box.)

Mailing Address: Suite No.:
City: State: Zip Code:

YOUR PHYSICAL ADDRESS (Street Address must be designated. Do not indicate a PO Box.)

Physical Address: Suite No.:
City: State: Zip Code:

Signature of RAS: Date:

TDLR Form RAS003 (Revised 07/2012)

NOTE: An individual who completes and files this form with the Texas Department of Licensing and Regulation (the Dept.) is entitled to the following:
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.
**The Department will add your address to the Architectural Barriers email notification list, which automatically provides Department information on matters affecting Architectural Barriers. Your email address is confidential pursuant to the Texas Public Information Act; the Department will not share it with the public. For additional information link to: http://www.license.state.tx.us/newsletters/TDLRnotificationLists.asp