

## **TEXAS DEPARTMENT OF LICENSING & REGULATION**

P.O. Box 12157 • Austin, Texas 78711-2157 techinfo@tdlr.texas.gov • www.tdlr.texas.gov

## **DESIGNATED AGENT FORM INSTRUCTIONS**

UNLESS OTHERWISE INDICATED, ALL SECTIONS ARE REQUIRED AND MUST BE INCLUDED FOR THE DESIGNATED AGENT FORM TO BE PROCESSED. Failure to include all information will result in a delay of processing and the form will be returned to the project owner.

If a valid Designated Agent Form is not on file, a designated agent cannot act on behalf of a building or facility owner, submit forms, and TDLR staff will not discuss a project with the individual.

- PROJECT INFORMATION Provide information about the project for which you designated an agent to act on your behalf. The agent designated in this form is only authorized to act as your representative for the project listed on this form. A separate form must be submitted for each project.
  - PROJECT NAME Provide the name of the project as registered in TABS (example: CLASSROOM ADDITION).
  - <u>TDLR PROJECT #</u> Provide the TDLR Project number assigned to the project. This form may not be submitted prior to registration of your project.
  - BUILDING OR FACILITY NAME Provide the name of the building or facility as registered in TABS.
  - <u>CAD ACCOUNT</u> # Provide the account number from the county appraisal district record that the facility is located at. If the project is not located at a single location (such as public right of way projects) the field is not applicable.
  - PHYSICAL ADDRESS Provide the physical address of the project as registered in TABS, including the suite number (if applicable). If no physical address is available at the time of submission, provide the physical description of the project location as registered in TABS. Post office boxes will not be accepted.
- OWNER INFORMATION Provide information about the building or facility owner. The owner is required to sign this form.
  - BUSINESS TYPE Check the box that indicates how the owner of the building or facility is organized.
  - BUILDING/FACILITY OWNER Provide the name of the building/facility owner.
  - NAME OF OWNER'S REPRESENTATIVE Provide the 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 or this form and is required to sign this form for it to be valid.
  - <u>ADDRESS</u> 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.
  - PHONE Provide the Owner's phone number.
  - EMAIL Provide the Owner's email address.
  - REPRESENTATIVE TITLE Provide the title of the owner's representative or association with owning entity.
- DESIGNATED AGENT INFORMATION 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.
  - NAME OF DESIGNATED AGENT Provide the name of the individual or business that will serve as the Designated Agent for the Owner.
  - NAME OF AGENT'S REPRESENTATIVE Provide the name of the individual or employee listed in this section (if applicable).
  - ADDRESS Provide the Designated Agent's mailing address. A post office box can be used.
  - PHONE Provide the Designated Agent's phone number.
  - EMAIL Provide the Designated Agent's email address.
- 4. OWNER'S ACKNOWLEDGMENT After reading the acknowledgment, print your name, provide your title, and date the form. By signing this form, you acknowledge that you have read and understand the statement and are aware of your responsibilities as a building or facility owner. You agree to grant the designated agent listed on the form authority to act on your behalf when communicating with and submitting documentation to TDLR. The person signing this acknowledgment must be person listed in Section 2. The agent designated in Section 3 cannot sign this form.



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## ARCHITECTURAL BARRIERS DESIGNATED AGENT FORM

YOU MUST COMPLETE ALL SECTIONS OF THIS FORM FOR IT TO BE PROCESSED. INCOMPLETE FORMS WILL NOT BE CONSIDERED.

THE PERSON LISTED AS A DESIGNATED AGENT ON THIS FORM IS AUTHORIZED TO SUBMIT DOCUMENTS ON BEHALF OF THE OWNER AND ACT AS AN AGENT

1. PROJECT INFORMATION			
Project Name:			TDLR Project #:
Building or Facility Name:			CAD Account #: (if applicable)
Physical Address:			
Street Name, Number, Suite Number, City, State, Zip Code			
2. OWNER INFORMATION (TO BE VALID, THIS INFORMATION MUST BE SIGNED BY THE OWNER LISTED IN THIS SECTION)			
Business Type: (Select one)			,
☐ Individual	☐ Sole Proprietorship	☐ Limited Partnership ☐ Corporation	
☐ Trust or Estate	☐ Government	Other:	
Building/Facility Owner:		Name of Owner's Representative:	
		(If Owner is Tr	rust, Business or Government Entity)
Address:			
Street Name, Number, Suite Number, City, State, Zip Code			
Phone Number:	Email Address:		Representative Title:
3. DESIGNATED AGENT INFORMATION			
Name of Designated Agent:		Name of Agent's Representative:	
		(If Agent is a trust, Business, or Government Entity)	
Address:			
Street Name, Number, Suite Number, City, State, Zip Code			
Phone Number: Email Address		S:	
	4 OWNER'S A	CKNOWLEDGMENT	
THE OWNER OR OWNER'S REPRESENTATIVE MUST SIGN THIS FORM. THIS FORM WILL BE REJECTED IF SIGNED BY THE DESIGNATED AGENT.			
By signing and submitting this form, I authorize the individual or business listed in Section 3 of this form to serve as the Designated Agent for the project identified above. I understand that as the owner of the building or facility listed in Section 1 of this form, I remain responsible for compliance with all requirements for this project set forth in Chapter 469, Texas Government Code, and Title 16, Chapter 68, Texas Administrative Code.			
Print Name			Title
Owner's Signature			 Date