



TEXAS DEPARTMENT OF LICENSING & REGULATION

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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.

Texas Administrative Code Chapter 68.42(b) requires this form to be completed and signed by the owner or an individual employed by the owner if the owner wishes to designate an agent.

1. PROJECT INFORMATION

Project Name:	TDLR Project #:
Building or Facility Name:	CAD Account #:
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 Trust, 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:

4. OWNER'S ACKNOWLEDGMENT

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.

_____ Printed Name	_____ Title
_____ Building/Facility Owner Signature	_____ Date