



TEXAS DEPARTMENT OF LICENSING & REGULATION

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

www.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. Attachments must be submitted on separate pieces of single-sided, 8½" x 11" paper.

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 – Provide your legal name in the spaces provided. (Last, First, Middle Name, Suffix) Examples of a suffix include Jr., Sr., and II. (MR is not a suffix.)
2. DATE OF BIRTH – Provide your birth date.
3. GENDER – Select whether you are male or female.
4. SOCIAL SECURITY NUMBER – Social Security number disclosure is required by Section 231.302(c)(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](#).
5. MAILING ADDRESS – Provide your current mailing address. This is the address where we will send you mail. This address can be a post office box. Add the zip plus-4 to help the postal service deliver mail more efficiently and accurately.
6. BUSINESS NAME - Provide the name of your business, if you are employed by a company as a registered accessibility specialist.
7. BUSINESS PHONE NUMBER - Provide your employer's telephone number, including the area code.
8. PHYSICAL ADDRESS – Provide the physical address of your business or employer. Do not use a post office box for this address.
9. PHONE NUMBER – Provide 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.
10. EMAIL ADDRESS – Provide your email address. By providing my email address I authorize TDLR to send licensing communications and required notices to me by electronic mail. I understand that I may revoke this authorization in writing and that I must update my email address or I will not receive these notices. I understand that the email address I have provided in this application will remain confidential except as permitted or required by law.
11. 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 \(PDF\)](#) for each offense. 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 \(PDF\)](#), a completed Criminal History Questionnaire form for each crime you were convicted of, or placed on deferred adjudication for, and a \$10.00 fee.
12. 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 \(PDF\)](#) for each disciplinary action.
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. STATEMENT OF APPLICANT - Carefully read the statement of applicant before dating and signing your application.

APPLICATION INFORMATION FOR MILITARY SERVICE MEMBERS, MILITARY VETERANS AND MILITARY SPOUSES -

The Texas Department of Licensing and Regulation recognizes the contributions of our active duty military service members, their spouses, and veterans. If you want to use one of the licensing options available to military service members, military veterans and military spouses, please complete the [Military Service Member, Military Veteran or Military Spouse Supplemental Application \(PDF\)](#) and attach it with your license application.

If you have additional questions about qualifications, training or experience requirements relating to occupation licensing for military service members, military veterans or military spouses please go to the [TDLR Military Information](#) web page.

SEND YOUR COMPLETED APPLICATION AND REQUIRED DOCUMENTS TO:

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

Documents submitted with your application will not be returned. Keep a copy of your completed application, all attachments, and your check or money order. Do not send cash.

For additional information and questions, visit the [TDLR website](#) or reach Customer Service via [webform](#). The webform will allow you to submit your request for assistance and include attachments needed. Customer Service Representatives are available Monday through Friday (excluding holidays) at (800) 803-9202 (in state only), at (512) 463-6599, or Relay Texas-TDD: (800) 735-2989.

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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REGISTERED ACCESSIBILITY SPECIALIST LICENSE APPLICATION

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 Name Suffix

2. Date of Birth:

MM/DD/YYYY

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 + 4

BUSINESS INFORMATION

6. Business Name:

7. Business Phone Number:

(Area Code) Phone Number

8. Physical Address: (PO box is not allowed for this address. This address will be displayed on TDLR's website.)

Number, Street Name, Suite Number/Apartment Number City State Zip Code + 4

9. Phone Number:

10. Email Address:

(Ex: johndoe@gmail.com) See instruction sheet for disclosure information

CRIMINAL HISTORY AND DISCIPLINARY ACTION

11. 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 \(PDF\)](#) for each offense.

12. Have you ever had a professional license, certification or registration suspended, revoked or denied in any state? If YES, attach a [Disciplinary Action Questionnaire \(PDF\)](#) to this application. This does not include your driver license.

☐ Yes ☐ No

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)

- | | | |
|--|-----|---|
| <input type="checkbox"/> 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. |
| <input type="checkbox"/> Option 2 Eight years experience related to building planning, accessibility design, or review, or equivalent. | | |
| <input type="checkbox"/> 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. 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.

Signature of Applicant

Date Signed