



TEXAS DEPARTMENT OF LICENSING & REGULATION

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

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

LIMITED LIABILITY FORM INSTRUCTIONS

UNLESS OTHERWISE INDICATED, ALL SECTIONS ARE REQUIRED AND MUST BE CORRECTLY FILLED OUT FOR THE PROJECT FORM TO BE PROCESSED. Failure to include all information will result in a processing delay and the form will be returned to the project owner. Form must be completed 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. An employee of the person(s) that hold title to the constructed property are considered the owner. Parent entities, owning partners, or other employees cannot sign on the Owner's behalf without either the TDLR Owner Agent Designation Form or the TDLR Parent Entity Representative Form on file.

Separate contract or legal documents will not be considered as a substitute to this form.

IMPORTANT: If a valid Parent Entity Representative form is not on file, only an employee or the individual listed as the owner may submit forms, and TDLR staff will not discuss a project with any other individual.

1. **PROJECT INFORMATION** – Provide information about the project for which you are designating 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 complete name of the project as currently registered in TABS (example: CLASSROOM ADDITION).
 - **TDLR PROJECT #** – Provide the complete 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 currently registered in TABS.
 - **CAD ACCOUNT #** – Provide the real or commercial property ID or account number from the county appraisal district where the project is located. Do not provide a business or personal account number, as they are incorrect. 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.
2. **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 full name of the building/facility owner as it is found in CAD database of the county in which the building/facility is located.
 - **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.
3. **PARENT ENTITY OR PARTNER INFORMATION** – Provide the name and contact information for the individual, entity, or partner who is associated with the owner because the owner does not have a representative on staff. This information should be verifiable in the Texas Secretary of State records. The parent entity or partner will be authorized to sign and submit forms on behalf of the owner.
 - **NAME OF PARENT ENTITY OR PARTNER** – Provide the full name of the individual, entity, or partner who is associated with the owning entity.
 - **NAME OF PARENT ENTITY REPRESENTATIVE** – Provide the full name of the individual who will serve as representative that works for the entity associated with the parent entity or partner named above. (if applicable).
 - **ADDRESS** – Provide the parent entity or partner's mailing address. A post office box can be used.
 - **PHONE** – Provide the parent entity or partner's phone number.
 - **EMAIL** – Provide the parent entity or partner's email address.

LIMITED LIABILITY FORM INSTRUCTIONS, cont'd

4. PARENT ENTITY'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 the parent entity or partner. *The person signing this acknowledgment must be the person listed in Section 3.*

SEND YOUR COMPLETED DOCUMENTS TO:

Project associated Registered Accessibility Specialist (RAS)

OR

Texas Department of Licensing and Regulation
P.O. Box 12157
Austin, TX 78711-2157
techinfo@tdlr.texas.gov

For additional information and questions, please visit the Texas Department of Licensing & Regulation website at:
<https://www.tdlr.texas.gov/ab/ab.htm>.

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 at:
<https://www.tdlr.texas.gov/disclaimer.htm#PublicInfoPolicy>.



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ARCHITECTURAL BARRIERS LIMITED LIABILITY OWNERSHIP FORM

YOU MUST COMPLETE ALL SECTIONS OF THIS FORM FOR IT TO BE PROCESSED AND ATTACH PROOF OF INCORPORATION. INCOMPLETE FORMS WILL NOT BE CONSIDERED. THE PERSON LISTED AS A REPRESENTATIVE ON THIS FORM IS AUTHORIZED TO SUBMIT DOCUMENTS ON BEHALF OF THE OWNER.

This form is not designating an agent representative for the construction project, only providing documentation and acknowledgement that the parent entity or partner takes responsibility for the owner.

1. PROJECT INFORMATION

Project Name:

TDLR Project #:

Building or Facility Name:

CAD Account #:

Physical Address:

(Street Number, Street Name, Suite Number, City, State, Zip Code)

2. OWNER INFORMATION

(TO BE VALID, THIS INFORMATION MUST MATCH THE INFORMATION IN CAD ACCOUNT PROVIDED)

Business Type: (Select one)

Limited Partnership

LLP

LLC

Other:

Building/Facility Owner:

Address:

(Street Number, Street Name, Suite Number, City, State, Zip Code)

3. PARENT ENTITY OR PARTNER INFORMATION

Parent Entity or Partner:

Name of Parent Entity's Representative:

Address:

(Street Number, Street Name, Suite Number, City, State, Zip Code)

Phone Number:

Email Address:

4. PARENT ENTITY'S ACKNOWLEDGMENT

THE PARENT ENTITY'S REPRESENTATIVE OR PARTNER MUST SIGN THIS FORM.

The business listed in Section 2 is the business that holds title to the property in question per local county appraisal district records. By signing and submitting this form, I authorize that the individual or business listed in Section 3 of this form serves as the Parent Entity or Partner associated, per Texas Secretary of State records, for the project identified above. I understand that as the representative 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 of Parent Entity Representative or Partner

Title of Representative or Partner

Signature of Parent Entity Representative or Partner

Date Signed