



**TEXAS DEPARTMENT OF LICENSING AND REGULATION  
REGULATORY PROGRAM MANAGEMENT - ARCHITECTURAL BARRIERS**

P.O. Box 12157 • Austin, Texas 78711 • (512) 539-5669 • (877) 278-0999 • FAX (512) 539-5690  
[techinfo@tdlr.texas.gov](mailto:techinfo@tdlr.texas.gov) • [www.tdlr.texas.gov](http://www.tdlr.texas.gov)

**PROOF OF INSPECTION**

This form was created by the Texas Department of Licensing and Regulation (TDLR) to provide proof of inspection to a building owner and is not intended to imply that a Registered Accessibility Specialist (RAS) is an employee of TDLR or that they have been hired by TDLR to perform this inspection.

**This form is to be filled out and signed at the time and location of the inspection.**

**PROJECT INFORMATION**

**PLEASE PRINT OR TYPE**

1. Project Name:		2. TDLR Project #:
3. Project Address:		Suite #:
City:	County:	Zip Code:

**RAS INFORMATION**

4. Name: Joseph Husband		5. RAS #: 0027	
6. Company/Agency: Lone Star Access, Inc.			
7. Address: 1108 Lavaca Street		Suite #: Suite 110-313	
City: Austin		State: TX	Zip Code: 78701
8. Phone Number: ( ) 512.238.8675	9. Fax Number: ( ) 512.238.8670	10. Email: Joseph@lonestaraccess.com	
I certify that I have performed an inspection of the referenced construction project:			
11. RAS signature		Date of Inspection	

**OWNER/OWNER DESIGNEE\* PRESENT DURING THE INSPECTION**

12. Name:			
13. Company/Agency:			
14. Address:		Suite #:	
City:		State:	Zip Code:
15. Phone Number: ( )	16. Fax Number: ( )	17. Email:	
I certify that I was present during the inspection of the referenced construction project:			
18. Signature of Owner / Designee*		Date of Inspection	

\*The designee may be someone other than the owner or designated agent referenced in Administrative Rule 68.10(11).