



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 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 Limited Liability Ownership Form on file.

IMPORTANT: If a valid Designated Agent Form is not on file, a Designated Agent cannot act on behalf of a building or facility owner or submit forms, and TDLR staff will not discuss a project with the 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.
 - **NAME OF OWNER'S REPRESENTATIVE** – Provide the full name of an individual or the 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 for this form and is required to sign this form for it to be valid.
 - **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.
 - **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.
- 3. 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 full name of the individual or business that will serve as the Designated Agent for the Owner.
 - **NAME OF AGENT'S REPRESENTATIVE** – Provide the full name of the individual or employee of the business that will serve as the Designated Agent for the Owner 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.

DESIGNATED AGENT FORM INSTRUCTIONS, cont'd

4. **OWNER'S ACKNOWLEDGMENT** – After reading the acknowledgment, print your name, provide your title, and sign 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 the person listed in Section 2. The agent designated in Section 3 cannot sign this form.*

Once complete, signed, and on file in the Texas Architectural Barriers online System (TABs) the agent is authorized to:

- (1) submit project information changes;
- (2) request a waiver or variance;
- (3) make a request for inspection;
- (4) communicate with the department on behalf of the owner about the registered project;
- (5) receive communications from a registered accessibility specialist; and
- (6) submit verification of corrections to a registered accessibility specialist and the department

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 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(a) requires this form to be complete 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: Galveston County Office Renovations TDLR Project #: TABS2026013582
Building or Facility Name: Galveston Cty. Health District Offices & Services CAD Account #: 489200000002000
Physical Address: 9850-A Emmett F Lowry Expy A108 Texas City, TX 77591
(Street Number, Street Name, 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 Corporation Trust or Estate

Other: _____
(NOTE: For LPs, LLPs, LLCs Form EAB247N must be on file in order to designate another entity as the project agent.)

Building/Facility Owner: Galveston County Name of Owner's Representative: Misty Whitmer
(If owner is Trust, Business, or Government Entity)

Address: 722 Moody Ave, Galveston, TX 77550
(Street Number, Street Name, Suite Number, City, State, Zip Code)

Phone Number: 409-770-5409 Email Address: misty.whitmer@galvestoncountytexas.gov

3. DESIGNATED AGENT INFORMATION

Name of Designated Agent: Joiner Architects, Inc. Name of Agent's Representative: Joby Copley
(If owner is Trust, Business, or Government Entity)

Address: 700 Rockmead Drive, Suite 265, Kingwood, TX 77339
(Street Number, Street Name, Suite Number, City, State, Zip Code)

Phone Number: 281-359-6401 Email Address: jobyc@joinerarchitects.com

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.

Mark Henry
Printed Name of Owner


Building/Facility Owner Signature

Galveston County Judge
Owner's Title

March 16, 2026
Date Signed