



### HRS 103-50 DOCUMENT TRANSMITTAL FORM

The Department/Agency or Design Consultant submitting plans under HRS 103-50 should complete and submit this form with the plans to:

**Disability and Communication Access Board**  
919 Ala Moana Blvd., Room 101 Honolulu, HI 96814  
Phone: 586-8121 ( V/TDD) FAX: 586-8129  
[http:// www.hawaii.gov/health/dcab](http://www.hawaii.gov/health/dcab)

ATTENTION: \_\_\_\_\_ Date: \_\_\_\_\_  
(DCAB staff name, only if resubmittal)

Submission stage:  New submission  Resubmittal (This form is required for all submittals)

Who is submitting?  Department/Agency  Design Consultant

Items submitted: \_\_\_\_\_ Drawing prints, specify number of sheets \_\_\_\_\_  
\_\_\_\_\_ Specifications  
\_\_\_\_\_ Other, please specify \_\_\_\_\_

DCAB# \_\_\_\_\_ (Refer to previous review if this is a resubmittal)

Project Name: \_\_\_\_\_  
Location: \_\_\_\_\_ Island: \_\_\_\_\_  
Agency Project #: \_\_\_\_\_ TMK: \_\_\_\_\_

**NOTE: Fill in all information below for both State or County Department/Agency and Design Firm/Consultant**

Contact Person: \_\_\_\_\_  
Department/Agency: \_\_\_\_\_  
Address, City, State, Zip: \_\_\_\_\_  
Phone Number: \_\_\_\_\_ Fax: \_\_\_\_\_ e-mail: \_\_\_\_\_

Contact Person: \_\_\_\_\_  
Design Firm/Consultant: \_\_\_\_\_  
Address, City, State, Zip: \_\_\_\_\_  
Phone Number: \_\_\_\_\_ Fax: \_\_\_\_\_ e-mail: \_\_\_\_\_

Project Phase: \_\_\_\_\_ Conceptual \_\_\_\_\_ Prelim \_\_\_\_\_ Pre-Final  
(Check one) \_\_\_\_\_ Final \_\_\_\_\_ Construction \_\_\_\_\_ Post Construction

Project Type: \_\_\_\_\_ New \_\_\_\_\_ Addition \_\_\_\_\_ Alteration  
(Check all that apply) \_\_\_\_\_ Transition Plan \_\_\_\_\_ ABR Project \_\_\_\_\_ Leased Site  
\_\_\_\_\_ Historic Site \_\_\_\_\_ Per Legal Settlement

Comments: \_\_\_\_\_  
\_\_\_\_\_

**BELOW THIS BOX FOR DISABILITY AND COMMUNICATION ACCESS BOARD USE ONLY**

Date received: \_\_\_\_\_ Review date: \_\_\_\_\_  
DCAB Staff: \_\_\_\_\_ Island Code: \_\_\_\_\_  
Department Code: \_\_\_\_\_ Facility Type Code: \_\_\_\_\_  
Action Taken Code: \_\_\_\_\_ Turnaround (days): \_\_\_\_\_  
Future Action (Y/N) : \_\_\_\_\_ SSAD (Y/N): \_\_\_\_\_

Comments: \_\_\_\_\_