

**Associate Right Of Way Professional (ARWP) Certification Program  
Recertification Application  
Applicant Information Page**

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Please complete and return this application, along with any requested supporting documentation and a non-refundable recertification fee of \$50 USD (\$70 USD for non-member) to IRWA Headquarters. Applicable tax based on country's applicable tax laws to be added to the fee above.

**Only complete applications will be processed. All incomplete applications will be returned.  
Processing of recertification applications may take up to 6 weeks.**

**Applicant Information**

**Recertification Due Date:** \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ (MM/DD/YY)

**Name** \_\_\_\_\_

Membership Number \_\_\_\_\_ Chapter \_\_\_\_\_

Address/City \_\_\_\_\_

State/Province, Zip/Postal Code \_\_\_\_\_

Phone (\_\_\_\_) \_\_\_\_\_ Fax (\_\_\_\_) \_\_\_\_\_

Email Address \_\_\_\_\_

**Agency or Company** \_\_\_\_\_

Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Phone (\_\_\_\_) \_\_\_\_\_ Fax (\_\_\_\_) \_\_\_\_\_

Email Address \_\_\_\_\_

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Date Received: \_\_\_\_\_

HQ Approved: \_\_\_\_\_

Notes:

## Associate Right Of Way Professional (ARWP) Certification Program Recertification Application CEU Summary Page

Maintaining the ARWP Certification requires recertification every 5 years. To recertify, the required CEU credits must be accumulated within a period of no more than 5 years from the date of initial Certification approval or from the date of the previous recertification.

24 CEUs must be earned through attending or facilitating courses or seminars approved for recertification credit by the IRWA. Of these 24 CEUs, a minimum of 8 must be earned by attendance as a participant or facilitator in an IRWA course; and 8 CEUs must be earned through meeting the Ethics Course requirement; the remaining 8 CEUs may be earned through IRWA courses or IRWA approved courses, conferences and/or seminars.

**IRWA Courses attended or facilitated (attach copy of course history or certificates)**

Course Number & Name	Date/Number of CEUs

**Approved Non-IRWA Courses (attach documentation and completion certificates)**

Course/Program Name	Date/Number of CEUs

**Conference Education Session/Chapter Educational Seminars (fill in completely)**

Event Name	Date/Number of CEUs

**Attach additional sheets as necessary.** Provide documentation of approval and completion.

**Total CEUs** \_\_\_\_\_

**I certify that the information presented above and the accompanying materials are, to the best of my knowledge, true and correct.**

**Signature** \_\_\_\_\_ **Date** \_\_\_\_/\_\_\_\_/\_\_\_\_

- Check Enclosed (made payable to IRWA)
- Visa     MasterCard     American Express

Card Number \_\_\_\_\_ Exp. Date \_\_\_\_/\_\_\_\_

Signature \_\_\_\_\_ Amount \$ \_\_\_\_\_

Name as it appears on card \_\_\_\_\_

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**IRWA  
Code of Ethics  
Applicant Signature Page**

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**Answer the following questions**

Have you ever been convicted of fraud, misrepresentation or misappropriation of funds or property?

Yes

No

*If yes, attach a detailed explanation.*

Have you ever been subject to disciplinary action by any professional organization?

Yes

No

*If yes, attach a detailed explanation.*

**Signature**

By signing below, I agree to abide by the IRWA Code of Ethics and to be subject to disciplinary action as adopted by the International Executive Committee (IEC). All of the information provided by me is complete and correct to the best of my knowledge and belief. If I made or at any time make statements with knowledge of the statements falseness, I understand that it shall be cause for denial or revocation of the certification.

Printed Name \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_/\_\_\_\_/\_\_\_\_