Steps to file exam requests for any IRWA Right of Way Certification or Designation

The individual

1. Must be an active candidate for IRWA certification/designation (candidacy not required for Industry Certification Program);

2. Complete and forward the request along with payment to IRWA Headquarters.

Applications will be processed in order of receipt. It may take up to 4 weeks to process your exam request.

Attention:  Credentialing Staff
IRWA Headquarters

By email (credit card payments only):
education@irwaonline.org

or fax (credit card payments only):
866-388-7419

or post:
19210 S. Vermont Ave, Building A, Suite 100
Gardena, CA 90248
Complete and return this exam request form and the appropriate fee(s) to IRWA Headquarters. It may take up to 4 weeks to process your request. Incomplete requests will be returned.

**Applicant Information**

Name __________________________________________________________________________

Membership/ID Number ____________________________________________ Chapter __________

Address/City __________________________________________________________________________

State/Province, Zip/Postal Code ____________________________________________

Phone (___)______________________ Fax (___)_______________________

Email Address ____________________________________________________________

**Credit Card Information**

Card Number ____________________________________________ Exp. Date ____/____

Signature ____________________________________________ *Amount $___________

Name as it appears on card ________________________________________________

Please indicate method of payment:

☐ Pay online
☐ Check Enclosed (made payable to IRWA)
☐ Visa ☐ MasterCard ☐ American Express

*For current fees, see below:

**Course Exam Challenge fee:**
  - Member - $50 USD per 8 credit units
  - Non-Member - $70 USD per 8 credit units

**Course Exam Retake Fee:**
  - Member & Non-member - $25 USD

**Individual Discipline Capstone Exam Fee:**
  - Member - $50 USD per discipline
  - Non-member - $70 USD per discipline

**SR/WA Comprehensive Capstone Exam Fee:**
  - Member - $100 USD
  - Non-member - $140 USD

Applicable tax based on country’s tax laws to be added to the fees above.
Right of Way Professional Career Path
Exam Request

Complete and return this exam request form and the appropriate fee(s) to IRWA Headquarters. It may take up to 4 weeks to process your request. Incomplete requests will be returned.

Applicant Information

Name ________________________________________________________________

Please indicate requested exam(s) below:

Course Challenge Exams/Retake Exams

☐ C100 Principles of Land Acquisition  ☐ C100C Principles of Land Acquisition (Canada)
☐ C105 The Uniform Act Executive Summary  ☐ C200 Principles of Real Estate Negotiation
☐ C213 Conflict Management  ☐ C400C Principles of Real Estate Appraisal (Canada)
☐ C400 Principles of Real Estate Appraisal  ☐ C600 Environmental Awareness
☐ C402 Income Valuation  ☐ C700 Introduction to Property/Asset Management
☐ C600C Environmental Awareness (Canada)  ☐ C800C Principles of Real Estate Law (Canada)
☐ C800 Principles of Real Estate Law  ☐ C900C Principles of Real Estate Engineering (Canada)
☐ C900 Principles of Real Estate Engineering
☐ Exam Retake for course:

Capstone Exams/Retake Exams

☐ Appraisal Capstone  ☐ Asset Management Capstone
☐ Engineering Capstone  ☐ Environmental Capstone
☐ Law Capstone  ☐ Negotiation and Acquisition Capstone
☐ Relocation Assistance Capstone  ☐ Uniform Act Capstone
☐ SR/WA Comprehensive Capstone
Right of Way Professional Career Path
Exam Request

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Applicant Information

Name ____________________________________________________________

Proctor

Please provide the name and contact information for your proctor. Your proctor must have SR/WA Designation or receive IPDC approval.

Proctor Name ___________________________ Email ___________________________
Address __________________________________________________________
City, State/Province __________________________
Zip/Postal Code __________________________ Phone (______) ___________________

Chapter PDC Information and Approval

By signature below, I certify that the information provided above, to the best of my knowledge, is true and correct.

Printed Name _________________________________________________ Approval Date ____/____/_____
Chapter PDC Chair Signature ______________________________________

Submit this request

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IRWA Headquarters

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