



Professional Right of Way Certification Program

RWA Completion Application

Applicant Information/Payment Page

Once all requirements are met, complete and submit this application along with your **non-refundable application fee of \$50 USD for members and \$70 USD for non-members**, including all supporting documents to your local Chapter Professional Development Chair (PDC Chair) or through the Credentialing Concierge for initial review and approval.

Only complete applications will be processed. All incomplete applications will be returned to the local Chapter PDC Chair.

Applicant Information

Name: _____

Membership/ID Number: _____ Chapter: _____

Address/City: _____

State/Province, Zip/Postal Code: _____

Phone: _____

Personal Email: _____

Employer Information

Company Name: _____

Street/Unit #: _____

City, State/Province: _____

Zip/Postal Code: _____ Phone: _____

Work Email: _____

For any questions regarding the Professional Experience Requirements, contact your local Chapter PDC Chair or the Credentialing Manager.

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

Credit Card Information

Card Number: _____ Exp. Date: ____/____

Signature: _____ Amount: \$_____

Name as it appears on card: _____



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RWA Completion Application

Professional Right of Way Experience Page

Detail the required **minimum of one year of qualifying right of way professional experience within the last five years** in the appropriate section below; attach additional sheets as necessary. Please use a separate page for each employer and each job title.

Company/Experience Information

From (mm/dd/yyyy): _____/_____/_____ To (mm/dd/yyyy): _____/_____/_____

Total Number of Months: _____ Company Name: _____

Company Address (Street/Unit #): _____

City, State/Province: _____ Zip/Postal Code: _____

Position or Job Title: _____

Describe duties below (attach résumé or work experience history with list of infrastructure projects involved with as additional supporting document)

Experience Declaration: I hereby certify that information provided on this page, on the resume or work experience history is true to the best of my knowledge; I agree and understand that any false statements herein will cause the forfeiture on my part of all the rights to the certification/designation status.

Applicant's Signature: _____ Date: _____/_____/_____

Verification: (Current Supervisor or someone with personal knowledge of your work*)

*If you are self employed, a professional associate familiar with your work who is NOT a member of your immediate family.

Name: _____

Title: _____

Phone: _____

Email Address: _____

I have examined the above statement and hereby certify that to the best of my knowledge, it is true and correct.

Supervisor's Signature: _____ Date: _____/_____/_____



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RWA Completion Application

Education Requirements Page

RWA Education Checklist: check ONE of the following:

Two-year college degree (U.S.) or two-year diploma (CDN) (Attach a copy of your diploma)

OR

Two years of additional qualifying ROW experience (in addition to the one year of ROW experience requirement)

OR

128 additional Credit Units of IRWA approved courses, which does **NOT** include the required courses taken for the RWA, RWP, and SR/WA

OR

AAPL or CAPL Certification (Attach a copy of your certificate)



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Coursework Requirements Page

RWA Coursework Checklist: IRWA Approved Credit Units:

Please check the boxes to indicate that the required courses are completed.

- 100 - Principles of Land Acquisition (16 credit units)
- 102 - Elevating Your Ethical Awareness (8 credit units)
- 200 - Principles of Real Estate Negotiation (16 credit units)
- 600 - Environmental Awareness (8 credit units)
- 800 - Principles of Real Estate Law (16 credit units)
- 900 - Principles of Real Estate Engineering (16 credit units)

Attach a printout of your course history or completion certificates.



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RWA Completion Application

Applicant Signature Page

Answer the following questions:

Have you ever been convicted of fraud, misrepresentation or misappropriation of funds or property? If yes, attach a detailed explanation. Yes No

Have you ever been subject to disciplinary action by any professional organization? If yes, attach a detailed explanation. Yes No

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.

Applicant's Printed Name: _____

Applicant's Signature: _____

Date: ____/____/____



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Agreement Page

Applicant Name: _____

In completing this application, I hereby consent to the following terms:

1. I subscribe to the aims and purposes and agree to abide by the Code of Ethics of the IRWA.
2. I hereby irrevocably waive any claim or right of action at law or in equity that I might have any time hereafter against the IRWA, its governing officers, committee members, staff members or any other officials, either as a group or as individuals, for any official act in connection with the business of the Certification Program and particularly as to their acts in admitting or failing to admit me to Certification status; or, disciplining me for any violation of the IRWA's Code of Ethics or any inaccuracy in the information provided in my application.
3. I hereby authorize the IRWA to verify all information contained herein and further to make all investigations in any manner it deems necessary.
4. I hereby certify that all statements made in this application are true to the best of my knowledge, and I agree and understand that misstatements of any material facts herein may cause forfeiture of all rights to Certification status with no refund of my application fee(s).
5. Attached hereto is my application fee (payable to IRWA).
6. If I become certified by the IRWA, I agree that I will comply with any future requirements the International Executive Committee of the IRWA, or its appointed oversight committee, decides are appropriate for retaining my registration as a Certified Right Of Way Professional of the IRWA.

Applicant's Signature: _____ Date: ____/____/____

For local Chapter PDC Chair Use Only

PDC Chair Name: _____

Mailing Address: _____ Chapter #: _____

City, State/Province: _____

Zip/Postal Code: _____ Phone: _____

Email: _____ Date: ____/____/____

PDC Chair Signature: _____