



**R/W-AC, RIGHT OF WAY APPRAISAL CERTIFICATION
DECLARATION OF CANDIDACY FORM**

Applicant's Full Name: _____

Membership/ID Number: _____ Chapter Number: _____

Address: _____

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

Phone: _____ Email Address: _____

Candidacy fee is \$25 USD for members and \$35 USD for non-members.

Type of Payment: Check enclosed - # _____ (payable to IRWA):

Credit Card: Visa MasterCard American Express Discovery

Card # _____ Expiration Date: _____

Signature: _____ Amount: \$ _____

Name as it appears on the card: _____

I hereby certify that all of the information provided on this form is, to the best of my knowledge, true and correct. I will be in violation of the Ethical Policy if I knowingly misrepresent myself.

Applicant's Signature: _____ Date: _____

Next, please submit this form through the [Credentialing Concierge](#) or directly to your Chapter Professional Development (PDC) Chair for initial review and approval. If your chapter does not have a PDC Chair, please email this form directly to the Credentialing Manager, Francis Vicente at vicente@irwaonline.org.

It is strongly recommended that you request for verification of your right of way experience through the [Credentialing Concierge](#) or from your PDC Chair.

Chapter PDC Chair Name: _____ Chapter PDC Chair Signature: _____ Date: _____
