



**R/W-AMC, RIGHT OF WAY ASSET MANAGEMENT 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](mailto: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: \_\_\_\_\_