



**R/W-RAC, RIGHT OF WAY RELOCATION ASSISTANCE CERTIFICATION  
COMPLETION APPLICATION**

Once all requirements are met, complete and submit this application with your non-refundable recertification fee of \$50 USD (for members) or \$70 USD (for non-members), including all the required supporting documents to your 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.

Processing of applications may take up to four (4) weeks.

**Applicant Information**

Full Name: \_\_\_\_\_

Membership/ID Number: \_\_\_\_\_ Chapter Number: \_\_\_\_\_

Street Home Address: \_\_\_\_\_ Suite # \_\_\_\_\_

City/State/Zip-Postal Code: \_\_\_\_\_

Phone: \_\_\_\_\_ Personal Email: \_\_\_\_\_

**Employer Information**

Company Name: \_\_\_\_\_

Street Address \_\_\_\_\_ Suite #: \_\_\_\_\_

City, State/Province: \_\_\_\_\_

Zip/Postal Code: \_\_\_\_\_ Phone: \_\_\_\_\_

Work Email: \_\_\_\_\_

**For any question on the requirements, contact your Chapter PDC Chair or the Credentialing Manager.**

**Payment Information**

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: \_\_\_\_\_



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**Professional Right of Way Experience Page**

Detail the required minimum of 2 years of qualifying right of way experience within the last 5 years in the appropriate section below; attached additional sheets as necessary. Please use 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/Suite #): \_\_\_\_\_

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

Position or Job Title: \_\_\_\_\_

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

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**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.**

Supervisor's Name: \_\_\_\_\_

Title: \_\_\_\_\_

Phone: \_\_\_\_\_

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

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

Supervisor's Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_



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**Coursework Requirements Page**

To obtain this certification, the candidate must successfully complete the coursework requirements below:

**IRWA Coursework Checklist:** Complete the following courses and attach copy of your course completion certificates or course history.

**Complete all – Mandatory Relocation Courses, 48 credit units:**

- 501, Residential Relocation Assistance (16 credit units), or
- 502, Non-Residential Relocation Assistance (16 credit units), or
- 504, Computing Replacement Housing Payments (16 credit units)

**Choose any two days of the following Elective Relocation Courses, 16 credit units:**

- 503, Mobile Home Relocation (8 credit units)
- 505, Advanced Residential Relocation Assistance – (8 credit units)
- 506, Advance Business Relocation Assistance (16 credit units)

**Choose one - Ethics Course, 8 credit units:**

- 102, Elevating Your Ethical Awareness (8 credit units)
- 103, Ethics and the Right of Way Profession (8 credit units)
- 104, Standards of Practice for the Right of Way Professionals (8 credit units)

**Capstone Exam Check list:**

Complete the following and attach a copy of your “Pass letter.”

- Relocation Assistance Capstone Exam      Date of Pass letter: \_\_\_\_/\_\_\_\_/\_\_\_\_



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**IRWA Code of Ethics**  
**Applicant Signature Page**

**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.*

By signing below, I agree to abide by the IRWA Code of Ethics and to be subjected to disciplinary action as adopted by the International Executive Committee (IEC). All 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 false statements, I understand that it shall be cause for denial or revocation of the certification.

Applicant's Printed Name: \_\_\_\_\_

Applicant's Signature: \_\_\_\_\_

Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ (MM/DD/YYYY)



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**AGREEMENT PAGE**

Applicant's 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: \_\_\_\_\_