

Senior Right of Way Professional (SR/WA) Designation Program
Generic Recertification Application
Applicant Information Page

(Can be used for both pre 2010 & 2010-11 SR/WA Designation Program)

Please complete and return this application, along with any requested supporting documentation and a non-refundable recertification fee of \$100 USD (\$140 USD for non-members) to IRWA Headquarters.

Only complete applications will be processed. All incomplete applications will be returned. Processing of recertification applications may take up to 6 weeks.

Applicant Information

Recertification Due Date: _____ / _____ / _____ (MM/DD/YY)

Name: _____

Membership Number: _____ **Chapter Number:** _____

Address _____

City / State / Zip/Postal Code: _____

Phone: (_____) _____ **Fax:** (_____) _____

Email Address: _____

Agency or Company _____

Address _____

City / State / Zip/Postal Code: _____

Phone: (_____) _____ **Fax:** (_____) _____

Email Address: _____

Date Received: _____

HQ Approved: _____

Notes: _____

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CEU Summary Page

Maintaining the SR/WA Designation requires recertification every 5 years and the required credits must be accumulated within a period of no more than 5 years from the date of initial Certification approval or from the date of the previous recertification. Click on the link to the requirements below.

SR/WA Recertification Requirements

IRWA Courses Attended or Instructed (Attach copy of course history or certificates)

Course Number	Name	Date	Number of Credit Units

Approved Non-IRWA Courses - 24 hours maximum (attach documentation and completion certificates)

Course Number	Name	Date	Number of Credit Units

Conference Education Session / Chapter Educational Seminars (fill in completely)

Event Name	Date	Number of Credit Units

Attach additional sheets as necessary. Provide documentation of approval and completion.

Total Credit Units _____

Signature: _____ Date: _____ / _____ / _____

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Code of Ethics / Applicant Signature Page

Credit Card Payment Information (Please check appropriate box below)

AMEX VISA MC DISCOVER WIRE TRANSFER

Credit Card Number _____ Expiration Date _____

Name on Credit Card _____

Card Holder Signature _____ Date _____

Approval to Charge Total (Box must be checked)

Name _____

Signature _____

This is to inform you International Right of Way Association (IRWA) may perform a comprehensive background check and obtain information related to your background, including, but not limited to, driving records, residence and employment history, other public records, and civil and criminal history records from any justice agency, in any or all federal, state, county jurisdictions. Information obtained by IRWA will be used only for the purpose of assessing your suitability, in accordance with the IRWA bylaws, to become a member of the IRWA.

- Have you ever been convicted or plead no contest or guilty to any local, state or federal felony or indictable offense statute? Yes No
- Have you ever been convicted of any misdemeanor or summary conviction statute, which could be perceived to reflect adversely upon your professional character, trustfulness, morality or reputation? Yes No
- Do you have any criminal charges pending (Misdemeanor or Felony)? Yes No

If the answer to any of the above questions is "Yes", please attach a full description on a separate sheet and include with this application.

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 designation.

Name _____

Signature _____ Date: _____ / _____ / _____