



**SR/WA Designation Program
Completion Application
Applicant Information Page**

Complete and return this application along with your **non-refundable** application fee of \$175 USD, and all requested supporting materials to your PDC Chair for review once all requirements have been met.

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

- Check enclosed (made payable to IRWA) -or-
 Visa MasterCard American Express

Card Number _____ Exp. Date ____/____

Signature _____ Amount \$ _____

Name as it appears on card _____

Applicant Information

Name _____ Member # _____

Mailing Address _____ Chapter # _____

City, State/Province _____

Zip/Postal Code _____ Phone (____) _____

Email _____

Agency or Company

Address _____

City, State/Province _____

Zip/Postal Code _____ Phone (____) _____

Email _____

**For any questions regarding the Professional Experience Requirements, contact your
Chapter Professional Development Committee Chair**



SR/WA Designation Program Completion Application Professional Experience Page

This section must detail the applicant's required 5 years minimum of relevant Right of Way professional experience. Fill form in completely. Attach additional sheets as necessary. *Please note: Use a separate page for each employer and each job title.*

Company or Agency Details

From (mm/dd/yyyy) ____/____/____ To (mm/dd/yyyy) ____/____/____

Total Number of Months _____ Agency Name _____

Company or Agency Address _____
Street

City, State/Province _____ Zip/Postal Code _____

Position or Job Title _____

Description of Duties (resume can be attached as supporting document only)

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 (____) _____ Fax (____) _____

Email Address _____

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

Signature _____ Date ____/____/____



SR/WA Designation Program Completion Application Applicant Reference Page

List two (2) references: (References must hold the SR/WA Designation)

Reference #1				
Name _____		_____		Membership Number _____
First	M.I.	Last		
Mailing Address _____				
Street	City	State/Province	Zip/Postal Code	
Present Employer _____				
Business Phone (____) _____ Fax (____) _____				
Email Address _____				

Reference #2				
Name _____		_____		Membership Number _____
First	M.I.	Last		
Mailing Address _____				
Street	City	State/Province	Zip/Postal Code	
Present Employer _____				
Business Phone (____) _____ Fax (____) _____				
Email Address _____				



SR/WA Designation Program Completion Application Coursework Requirements

Education Checklist:

Bachelor's Degree - *Attach copy of diploma*

or

In lieu of Bachelors Degree – complete checklist below. In order to fulfill these additional requirements, candidates must complete any combination of 4 segments from the table below.

Relevant College Credits*	<input type="checkbox"/> 30 credits	<input type="checkbox"/> 30 credits	<input type="checkbox"/> 30 credits	<input type="checkbox"/> 30 credits
Years of ROW Experience**	<input type="checkbox"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 2
Additional IRWA Course QEU	<input type="checkbox"/> 64	<input type="checkbox"/> 64	<input type="checkbox"/> 64	<input type="checkbox"/> 64

Example: If the candidate had 30 credits of relevant college credits, 4 years of additional ROW experience and took 64 QEU's of additional IRWA courses, the educational requirement would then be met.

* **Attach a college transcript**

****The additional years of ROW professional experience can run concurrent with the 5 years experience requirement.**

Coursework Checklist:

- Core Courses:** *Choose one of the following options and attach a printout of course history or completion certificates*

Track A (72 QEU's)

<input type="checkbox"/> C-200	Principles of Real Estate Negotiation – 16 QEU
<input type="checkbox"/> C-400	Principles of Real Estate Appraisal – 16 QEU
<input type="checkbox"/> C-800	Principles of Real Estate Law – 16 QEU
<input type="checkbox"/> C-900	Principles of Real Estate Engineering – 16 QEU
<input type="checkbox"/> C-103 <i>or</i> C-104	Ethics and the ROW Profession – 8 QEU Standards of Practice for the ROW Professional – 8 QEU

Track B (72 QEU's)*

<input type="checkbox"/> C-100	Principles of Land Acquisition – 32 QEU
<input type="checkbox"/> 2 Courses from Option A	C-200/C-400/C-800/C-900 – 32 QEU
<input type="checkbox"/> C-103 <i>or</i> C-104	Ethics and the ROW Profession – 8 QEU Standards of Practice for the ROW Professional – 8 QEU

* *If a candidate elect's track B, he or she must complete as a part of their 64 units of elective courses, a minimum of 16 units of course work in 500, 600 or 700 series.*



SR/WA Designation Program Completion Application Coursework (cont.) and Examination Requirements

1. **IRWA Elective Courses:** Complete the following and attach a printout of course history or completion certificates

<input type="checkbox"/> 32 QEU of 200 series Courses except C-200, Principles of Real Estate Negotiation	C-_____	C-_____	C-_____	C-_____
<input type="checkbox"/> 64 QEU* of any other IRWA Courses	C-_____	C-_____	C-_____	C-_____
	C-_____	C-_____	C-_____	C-_____

Exam(s) Checklist: Indicate which exam option chosen and attach pass letter(s)*

Option A

<input type="checkbox"/> Capstone Comprehensive Exam
--

Option B (successfully pass any 4 of the following exams)

<input type="checkbox"/> Appraisal Capstone Exam	<input type="checkbox"/> Environmental Capstone Exam
<input type="checkbox"/> Asset Management Capstone Exam	<input type="checkbox"/> Law Capstone Exam
<input type="checkbox"/> Negotiation/Acquisition Capstone Exam	<input type="checkbox"/> Engineering Capstone Exam
<input type="checkbox"/> Relocation Assistance Capstone Exam	See current fee schedule

* Capstone exam is valid for 5 years from the pass date



**SR/WA Designation Program
Completion Application
International Right of Way Association
Code of Ethics
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 designation.

Printed Name _____

Signature _____

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SR/WA Designation Program Completion Application 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 International Right of Way Association.
- 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 International Right of Way Association, its governing officers, committee members, or other officials, either as a group or as individuals, for any official act in connection with the business of the Designation Program and particularly as to its or their acts in admitting or failing to admit me to Designation status; or, disciplining me as a member for any reason whatsoever.
- 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 any misstatements of material facts herein will cause forfeiture on my part of all rights to Designation status with no refund of my application fee(s).
- 5 Attached hereto is my application fee (payable to IRWA), per discipline.
- 6 If I become certified as a Certified Member of 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 me to retain my registration as an Certified Member of the IRWA.

Applicants Signature _____ Date ____/____/____

For Chapter PDC Chair Use Only

PDC Name _____ SR/WA # _____

Mailing Address _____ Chapter # _____

City, State/Province _____

Zip/Postal Code _____ Phone (____) _____

Email _____ Date ____/____/____

PDC Signature _____