

Right of Way Professional Career Path Exam Request Form

Right of Way Professional Career Path Exam Request Process

Steps to file exam requests for any IRWA Right of Way Certification or Designation

The individual

1. Must be an active candidate for IRWA certification/designation (**candidacy not required for Industry Certification Program**);
2. Complete and forward the request along with payment to IRWA Headquarters.

Applications will be processed in order of receipt. It may take up to 4 weeks to process your exam request.

Attention: Credentialing Staff
IRWA Headquarters

By email (credit card payments only):
education@irwaonline.org

or fax (credit card payments only):
866-388-7419

or post:
19210 S. Vermont Ave, Building A, Suite 100
Gardena, CA 90248



**Right of Way Professional Career Path
Exam Request
Applicant Information / Payment Page**

Complete and return this exam request form and the appropriate fee(s) to IRWA Headquarters. It may take up to 4 weeks to process your request. Incomplete requests will be returned.

Applicant Information

Name _____

Membership/ID Number _____ Chapter _____

Address/City _____

State/Province, Zip/Postal Code _____

Phone (____) _____ Fax (____) _____

Email Address _____

Credit Card Information

Card Number _____ Exp. Date ____/____

Signature _____ *Amount \$ _____

Name as it appears on card _____

Please indicate method of payment:

- Pay online
- Check Enclosed (made payable to IRWA)
- Visa MasterCard American Express

***For current fees, see below:**

Course Exam Challenge fee:

Member - \$50 USD per 8 credit units
Non-Member - \$70 USD per 8 credit units

Course Exam Retake Fee:

Member & Non-member - \$25 USD

Individual Discipline Capstone Exam Fee:

Member - \$50 USD per discipline
Non-member - \$70 USD per discipline

SR/WA Comprehensive Capstone Exam Fee:

Member - \$100 USD
Non-member - \$140 USD

Applicable tax based on country's tax laws to be added to the fees above.

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Applicant Information

Name _____

Please indicate requested exam(s) below:

Course Challenge Exams/Retake Exams

<input type="checkbox"/> C100 Principles of Land Acquisition	<input type="checkbox"/> C100C Principles of Land Acquisition (Canada)
<input type="checkbox"/> C105 The Uniform Act Executive Summary	<input type="checkbox"/> C200 Principles of Real Estate Negotiation
<input type="checkbox"/> C213 Conflict Management	<input type="checkbox"/> C400C Principles of Real Estate Appraisal (Canada)
<input type="checkbox"/> C400 Principles of Real Estate Appraisal	<input type="checkbox"/> C600 Environmental Awareness
<input type="checkbox"/> C402 Income Valuation	<input type="checkbox"/> C700 Introduction to Property/Asset Management
<input type="checkbox"/> C600C Environmental Awareness (Canada)	<input type="checkbox"/> C800C Principles of Real Estate Law (Canada)
<input type="checkbox"/> C800 Principles of Real Estate Law	<input type="checkbox"/> C900C Principles of Real Estate Engineering (Canada)
<input type="checkbox"/> C900 Principles of Real Estate Engineering	
<input type="checkbox"/> Exam Retake for course:	

Capstone Exams/Retake Exams

<input type="checkbox"/> Appraisal Capstone	<input type="checkbox"/> Asset Management Capstone
<input type="checkbox"/> Engineering Capstone	<input type="checkbox"/> Environmental Capstone
<input type="checkbox"/> Law Capstone	<input type="checkbox"/> Negotiation and Acquisition Capstone
<input type="checkbox"/> Relocation Assistance Capstone	<input type="checkbox"/> Uniform Act Capstone
<input type="checkbox"/> SR/WA Comprehensive Capstone	

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Applicant Information

Name _____

Proctor

Please provide the name and contact information for your proctor. Your proctor must have SR/WA Designation or receive IPDC approval.

Proctor Name _____ Email _____

Address _____

City, State/Province _____

Zip/Postal Code _____ Phone (_____) _____

Chapter PDC Information and Approval

By signature below, I certify that the information provided above, to the best of my knowledge, is true and correct.

Printed Name _____ Approval Date ____/____/____

Chapter PDC Chair Signature _____

Submit this request

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