



Exam Request Process

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

The individual:

- 1. Must be an active candidate for IRWA certification.
- 2. Complete and forward the request along with payment to IRWA Headquarters (HQs).

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





Applicant Information/PaymentPage

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

Applicant Information					
Name:					
Membership/ID Number:		(Chapter:		
Address/City:					
State/Province, Zip/Postal C	ode:				
Phone:					
Email Address:					
Credit Card Information					
Card Number:			Exp.Date:/		
Signature:			*Amount:\$		
Name as it appears on card:					
Please indicate method of pa	yment:				
☐ Pay online ☐ Check Enclosed (made pay	able to IRWA)				
☐ Visa ☐ MasterCard	☐ Americ	can Express	☐ Discover		
*Individual Discipline Capstone Exam Fee: Member - \$50 USD per discipline		Challenge Fee: Member: \$100			
Non-member - \$70 USD per	•		Non-member: \$140		





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Applicant Information
Name:
Course Exam Challenge:
☐ Course 400: Principles of Real Estate Appraisal
Please indicate requested capstone exam(s) below:
☐ U.S. Appraisal Capstone Exam
☐ Canadian Appraisal Capstone Exam
☐ International Appraisal Capstone Exam

NOTE: Appraisal Cross Certification candidates must take the U.S. or Canadian or International version capstone exam depending on what country they are from.





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

Applicant information	
Name:	
Proctor	
Please provide the name and contact information for your proctor. Your pleasing pleasing provide the name and contact information for your proctor.	roctor must have the SR/WA
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 bes	t of my knowledge, is true and correct.
Printed Name:	Approval Date://
Chapter PDC Chair Signature:	<u> </u>
Submit this request to:	
If paying by credit card, email the form to education@irwaonline.org .	
If paying over the phone, contact 310-538-0233, Ext. 126	
If paying by check, mail to:	
Attention: IRWA Credentialing Staff	
19210 S. Vermont Avenue, Bldg. A, Suite 100	
Gardena, CA 90248	