



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 Number/Name:	S	uite #
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 requiren	ments, contact your Chapter PDC Chair o	r the Credentialing Manager.
Payment Information		
Type of Payment:   Check enclo	osed - # (payable	to IRWA):
Credit Card: ☐ Visa ☐ MasterCa	ard	
Card #	Expiration I	Date:
Signature:	Amount: \$	
Name as it annears on the card:		





#### **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	:
Total Hours of Right of Way Appraisal Experience _	<u></u>
When were the Right of Way Appraisal Experience	Hours accumulated?
From (MM/DD/YYYY):/	To (MM/DD/YYYY):/
Company Address (Street/Suite #):	
City, State/Province:	Zip/Postal Code:
Position or Job Title:	<del></del>
Describe duties below (attach resume or work experinvolved with as additional supporting document)	erience history with list of infrastructure projects
-	mation provided on this page, on the resume or work edge; I agree and understand that any false statements
	Date: /
Verification: (Current Supervisor or someone with	
*If you are self-employed, a professional association immediate family.	e familiar with your work who is NOT a member of your
Supervisor's Name:	
Title:	
Phone:	
Email Address:	





I have examined the abo	ve statement and hereby cer	rtify that to the best of m	y knowledg	ge, it is tru	e and
correct.					
Supervisor's Signature:		Date:	/	/	





#### **Coursework and Licensing Requirements Page**

Experience and Qualifications:
☐ Hold the Appraisal Institute of Canada's AACI Designation (attach copy of the designation certificate)
☐ If required by law or regulations, be a jurisdictionally Licensed/Certified Real Estate Appraiser and comply with the applicable jurisdiction/association's regulatory requirements (attach copy of the license).
Please indicate here if your province does not require a license
☐ Complete 1,000 verifiable hours of right of way appraisal experience obtained in no less than 24 months and no more than 60 months. <i>NOTE: Experience hours are subject to audit by requesting appraisal logs and/or sample reports.</i>
*Trainee significant appraisal assistance and administrative functions do not apply toward the experience requirement.
<b>IRWA Coursework Checklist:</b> Complete the following courses and attach copy of your course completion certificates or course history.
Complete all – Mandatory Courses, 88 credit units.
☐ 403, Easement Valuation (8 credit units)
☐ 421C, The Valuation of Partial Acquisitions (32 credit units)
☐ 431C, Problems in the Valuation of Partial Acquisitions (8 credit units)
☐ 600i, Environmental Awareness (8 credits units)
☐ 800C, Principles of Real Estate Law (16 credit units)
☐ 900C, Principles of Real Estate Engineering (16 credit units)





#### **IRWA Ethics Requirement:**

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☐ 102, Elevating Your Ethical Awareness (8 cm	redit units)	
Ethics course will only apply towards the ethic	s requirement. Good only for 5 years from the completion da	te.
Capstone Exam Check list:		
Complete the following and attach a copy of y	vour "Pass letter."	
☐ Canadian Appraisal Capstone Exam	Date of Pass letter: / /	





### 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?  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
By signing below, I agree to abide by the IRWA Code of Ethics and adopted by the International Executive Committee (IEC). All the and correct to the best of my knowledge and belief. If I made knowledge of the false statements, I understand that it shall be certification.	ne information or at any time	provided by me is complete make statements with
Applicant's Printed Name:		
Applicant's Signature:		
Date: / (MM/DD/YYYY)		





to

### R/W-AC, RIGHT OF WAY APPRAISAL CERTIFICATION **COMPLETION APPLICATION for Canadian Appraisers**

#### **AGREEMENT PAGE**

Applicant's Name:

In completing this application, I hereby consent to the following	owing 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 hereafter against the IRWA, its governing officers, commit officials, either as a group or as individuals, for any official Certification Program and particularly as to their acts in ad status; or, disciplining me for any violation of the IRWA's Cinformation provided in my application.	tee members, staff members or any other act in connection with the business of the lmitting or failing to admit me to Certification
3. I hereby authorize the IRWA to verify all information coinvestigations in any manner it deems necessary.	ntained herein and further to make all
4. I hereby certify that all statements made in this applicat agree and understand that misstatements of any material Certification status with no refund of my application fee(s)	facts herein may cause forfeiture of all rights to
5. Attached hereto is my application fee (payable to IRWA)	).
6. If I become certified by the IRWA, I agree that I will com International Executive Committee of the IRWA, or its app appropriate for retaining my registration as a Certified Rig	ointed oversight committee, decides are
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:	