



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: | | |
| | Chapter Number: | |
| Street Number/Name: | Suite # | |
| City/State/Zip-Postal Code: | | |
| Phone: Pers | sonal Email: | |
| Employer Information | | |
| Company Name: | | |
| Street Address | | Suite #: |
| City, State/Province: | | |
| Zip/Postal Code: | Phone: | |
| Work Email: | | |
| For any question on the requirements, | contact your Chapter PDC Chair or the Cre | dentialing Manager |
| Payment Information | | |
| Type of Payment: Check enclosed - i | #(payable to IRWA |): |
| Credit Card: | ☐ American Express ☐ Discovery | |
| Card # | Expiration Date: | |
| Signature: | Amount: \$ | |
| Name as it appears on the card: | | |





Professional Right of Way Experience Page

Detail the required minimum of 3 years of qualifying relevant experience in surveying or engineering within the last 5 years in the appropriate section below and attached additional documentation 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 N | ame: | |
| Company Address (Street/Suite #): | | |
| City, State/Province: | Zip/Postal Code: | |
| Position or Job Title: | | |
| Describe duties below (attach resume or work involved with as additional supporting docume | experience history with list of infrastructure projects ent) | |
| experience history is true to the best of my ki | information provided on this page, on the resume or work nowledge; I agree and understand that any false statements all the rights to the certification/designation status. | |
| Applicant's Signature: | | |
| Verification: (Current Supervisor or someone v | vith personal knowledge of your work*) | |
| *If you are self-employed, a professional asso immediate family. | ociate familiar with your work who is NOT a member of your | |
| Supervisor's Name: | | |
| Title: | | |
| Phone: | | |
| Email Address: | | |
| I have examined the above statement and he correct. | reby certify that to the best of my knowledge, it is true and | |
| Supervisor's Signature: | Date:/ | |





Coursework and Licensing Requirements Page

To obtain this certification, the candidate must successfully complete the licensure & coursework requirements below:

| Professional Licensing Requirement: Please attach a copy of your license. | | | |
|--|--|--|--|
| Must have a professional licensure in surveying, orMust have a professional licensure in engineering | | | |
| IRWA Coursework Checklist: Complete the following courses and attach copy of your course completion certificates or course history. | | | |
| Choose one of the following – Mandatory Law Course, 16 credit units: | | | |
| □ 800/800C, Principles of Real Estate Law – 16 credit units | | | |
| □ 801/801C, Land Titles– 16 credit units | | | |
| □ 803/803C, Eminent Domain Law Basics for Right of Way Professionals—16 credit units | | | |
| Choose from the following courses – Elective Discipline courses – 32 credit units: | | | |
| ☐ 200, Principles of Real Estate Negotiation – 16 credit units | | | |
| ☐ 306i, Project Management Basics (PM-1): Project Team Perspective – 16 credit units | | | |
| ☐ 600i, Environmental Awareness – 8 credit units | | | |
| □ 700, Introduction to Property & Asset Management – 16 credit units | | | |
| □ 802, Legal Aspects of Easements – 8 credit units | | | |
| ☐ 900/900C, Principles of Real Estate Engineering – 16 credit units | | | |
| IRWA Ethics Requirement: | | | |
| ☐ 102, Elevating Your Ethical Awareness (8 credit units) | | | |
| NOTE: Ethics course will only apply towards the ethics requirement. Good only for 5 years from the completion date. | | | |
| Capstone Exam Check list: | | | |
| Complete the following and attach a copy of your "Pass letter." | | | |
| ☐ Surveying & Engineering Exam — OPTION 2 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 adopted by the International Executive Committee (IEC). All t and correct to the best of my knowledge and belief. If I made knowledge of the false statements, I understand that it shall b certification. | he information or at any time | provided by me is complete make statements with |
| Applicant's Printed Name: | | |
| Applicant's Signature: | | |
| Date: / / (MM/DD/YYYY) | | |





AGREEMENT PAGE

| Applicant's Name: | | | | |
|--|--|---|---|---------------------------------------|
| In completing this application, I hereby consent to the fo | ollowing term | s: | | |
| 1. I subscribe to the aims and purposes and agree to abid | de by the Cod | e of Ethics o | of the IRWA | ۸. |
| 2. I hereby irrevocably waive any claim or right of action hereafter against the IRWA, its governing officers, commofficials, either as a group or as individuals, for any offici Certification Program and particularly as to their acts in status; or, disciplining me for any violation of the IRWA's information provided in my application. | nittee membe al act in conn admitting or f | rs, staff mer ection with ailing to adr | mbers or ar the busines mit me to C | ny other ss of the ertification |
| 3. I hereby authorize the IRWA to verify all information of investigations in any manner it deems necessary. | contained her | ein and furt | her to mak | e all |
| 4. I hereby certify that all statements made in this applic agree and understand that misstatements of any materi Certification status with no refund of my application fee | al facts hereir | | = | _ |
| 5. Attached hereto is my application fee (payable to IRW | /A). | | | |
| 6. If I become certified by the IRWA, I agree that I will co International Executive Committee of the IRWA, or its ap appropriate for retaining my registration as a Certified R | pointed over | sight comm | ittee, decid | les 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: | / | <i>J</i> | |
| PDC Chair Signature: | | | | |