



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

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: _____ Suite # _____

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 requirements, contact your Chapter PDC Chair or the Credentialing Manager.

Payment Information

Type of Payment: Check enclosed - # _____ (payable to IRWA):

Credit Card: Visa MasterCard American Express Discovery

Card # _____ Expiration Date: _____

Signature: _____ Amount: \$ _____

Name as it appears on the card: _____



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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 ____

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: _____

Describe duties below (attach resume or work experience history with list of infrastructure projects involved with as additional supporting document)

Experience Declaration: I hereby certify that information provided on this page, on the resume or work experience history is true to the best of my knowledge; I agree and understand that any false statements herein will cause the forfeiture on my part of all the rights to the certification/designation status.

Applicant's Signature: _____ Date: ____/____/____

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.**

Supervisor's Name: _____

Title: _____

Phone: _____

Email Address: _____



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

Supervisor's Signature: _____ Date: ____/____/____



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Experience and Qualifications:

Be a member of an IRWA affiliate organization: *(attach copy of membership certificate)*

Partners of the Appraisal Foundation who are appraiser membership organization and award a designation, **or**

Indicate the name of the partner organization _____

Member of the Appraisal Institute of Canada, **or**

Member of the China Real Estate Valuers Association

Hold a Senior Designation from IRWA affiliate member organization *(attach copy of designation certificate).*

If required by law or regulation, be a jurisdictionally Licensed/Certified Real Estate Appraiser and comply with the applicable jurisdiction/association’s regulatory requirements *(attach copy of license), or*

Please indicate here if your country does not require a license _____

30 hours of university courses in economics, finance, statistics, business law, real estate law, real estate, accounting and business management. *(attach copy of your college transcript)*

300 hours of real property education as listed in the Appraisal Foundation’s AQB’s Real Property Appraiser Qualification Criteria for a Certified General Real Estate Appraiser.

15-Hour National USPAP Course or equivalent.

Complete 1,000 verifiable hours of right of way appraisal experience obtained in no less than 24 months and no more than 60 months. ***NOTE: Experience hours are subject to audit by requesting appraisal logs and/or sample reports.***

**Trainee significant appraisal assistance and administrative functions do not apply toward the experience requirement.*

Complete all – Mandatory Courses:

105, The Uniform Act Executive Summary (8 credit units) – **For U.S. appraisers only.**

403, Easement Valuation (8 credit units) – **For Canadian & International appraisers only.**

413, Uniform Appraisal Standards for Federal Land Acquisitions / Yellow Book or other qualifying UASFLA Yellow Book Courses (Appraisal Foundation) – **For U.S. appraisers only.1 see footnote on page 5.**

421/421C, The Valuation of Partial Acquisitions (32 credit units)

431/431C, Problems in the Valuation of Partial Acquisitions (3 credit units)



- 600i, Environmental Awareness (8 credit units)
- 800/800C, Principles of Real Estate Law (16 credit units)
- 900/900C, Principles of Real Estate Engineering (16 credit units)

IRWA Ethics Requirement:

- 102, Elevating Your Ethical Awareness (8 credit units)

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."

- Appraisal Capstone Exam* Date of Pass letter: ____/____/____

Must take either the U.S. **or Canadian **or** International capstone exam depending on what country they are from.*

1 Note: A 14-hour UASFLA (Yellow Book) course from an approved provider may be accepted in lieu of IRWA Course 413; however, candidates must complete an additional one-day IRWA 400-Series course to satisfy the majority of the remaining credit units.



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**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? Yes No
If yes, attach a detailed explanation.

Have you ever been subject to disciplinary action by any
Professional organization? Yes No
If yes, attach a detailed explanation.

By signing below, I agree to abide by the IRWA Code of Ethics and to be subjected to disciplinary action as adopted by the International Executive Committee (IEC). All 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 false statements, I understand that it shall be cause for denial or revocation of the certification.

Applicant's Printed Name: _____

Applicant's Signature: _____

Date: ____ / ____ / ____ (MM/DD/YYYY)



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AGREEMENT PAGE

Applicant's 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 IRWA.
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 IRWA, its governing officers, committee members, staff members or any other officials, either as a group or as individuals, for any official act in connection with the business of the Certification Program and particularly as to their acts in admitting or failing to admit me to Certification status; or, disciplining me for any violation of the IRWA's Code of Ethics or any inaccuracy in the information provided in my application.
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 misstatements of any material facts herein may cause forfeiture of all rights to Certification status with no refund of my application fee(s).
5. Attached hereto is my application fee (payable to IRWA).
6. If I become certified by 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 retaining my registration as a Certified Right of Way Professional of the IRWA.

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: _____