



**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)

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**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.**

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.*



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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: \_\_\_\_\_