



**NEW R/W-AC, RIGHT OF WAY APPRAISAL CERTIFICATION  
DECLARATION OF CANDIDACY FORM**

Applicant's Full Name: \_\_\_\_\_ Member No. \_\_\_\_\_ Chapter No. \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip/Postal Code: \_\_\_\_\_

Phone: \_\_\_\_\_ Email Address: \_\_\_\_\_

Which appraisal certification pathway are you applying for?

- U.S.                       Canadian                       International                       Cross Certification

**Candidacy fee is \$25 USD for members and \$35 USD for non-members.**

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

Credit Card:  Visa  MasterCard  American Express  Discover

Card # \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Signature: \_\_\_\_\_ Amount: \$ \_\_\_\_\_

Name as it appears on the card: \_\_\_\_\_

**I hereby certify that all the information provided on this form is, to the best of my knowledge, true and correct. I will be in violation of the Ethical Policy if I knowingly misrepresent myself.**

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Next, please submit this form through the [Credentialing Concierge](#) or directly to your Chapter Professional Development (PDC) Chair for initial review and approval. If your chapter does not have a PDC Chair, please email this form directly to the Credentialing Manager, Francis Vicente at [vicente@irwaonline.org](mailto:vicente@irwaonline.org).

It is strongly recommended that you request for verification of your right of way experience through the [Credentialing Concierge](#) or from your PDC Chair.

Chapter PDC Chair Name: \_\_\_\_\_ Chapter PDC Chair Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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