

**OKLAHOMA WATER RESOURCES BOARD  
FLOODPLAIN ADMINISTRATOR APPLICATION**

Purpose of Application: Please check appropriate block

- Initial accreditation for new community floodplain administrators
- Renewal accreditation application for existing floodplain administrators.

**1. APPLICANT INFORMATION**

LAST NAME \_\_\_\_\_ FIRST \_\_\_\_\_ MIDDLE INITIAL \_\_\_\_\_

EMPLOYER \_\_\_\_\_

JOB TITLE \_\_\_\_\_ EMPLOYMENT DATE \_\_\_\_\_

FPA ACCREDITATION NUMBER \_\_\_\_\_

PROFESSIONAL MAILING ADDRESS \_\_\_\_\_

CITY/STATE/ZIP \_\_\_\_\_

TELEPHONE: WORK ( ) \_\_\_\_\_ CELL \_\_\_\_\_

FAX ( ) \_\_\_\_\_ E-MAIL \_\_\_\_\_

**2. PLEASE CHECK ALL OF THE FOLLOWING AREAS OF RESPONSIBILITY WHICH YOU ARE INVOLVED IN:**

- |                                 |                                    |
|---------------------------------|------------------------------------|
| _____ FLOODPLAIN MANAGEMENT     | _____ ZONING ENFORCEMENT           |
| _____ HAZARD MITIGATION         | _____ MULTI-OBJECTIVE MANAGEMENT   |
| _____ BUILDING CODE ENFORCEMENT | _____ COMMUNITY RATING SYSTEM      |
| _____ BUILDING INSPECTION       | _____ SUBDIVISION REVIEW           |
| _____ HEALTH CODES              | _____ PLANNING REVIEW              |
| _____ ON-SITE SEPTIC SYSTEMS    | _____ WATER AND WASTEWATER SYSTEMS |
| _____ STORMWATER MANAGEMENT     | _____ ENVIRONMENTAL MANAGEMENT     |
| _____ EMERGENCY MANAGEMENT      | _____ OTHER _____                  |

**3. IS FLOODPLAIN MANAGEMENT YOUR PRIMARY RESPONSIBILITY WITH YOUR EMPLOYER? YES \_\_\_\_\_ NO \_\_\_\_\_ IF NO, DESCRIBE YOUR PRIMARY RESPONSIBILITY AND PERCENT OF TIME DEVOTED TO FLOODPLAIN MANAGEMENT:**

\_\_\_\_\_  
\_\_\_\_\_

**4. NUMBER OF YEARS EXPERIENCE IN FLOODPLAIN MANAGEMENT:  
PART-TIME: \_\_\_\_\_ FULL-TIME: \_\_\_\_\_**

5. HAVE YOU COMPLETED ANY OF THE FOLLOWING TRAINING COURSES?

(If yes, attach documentation of training)

YES	DATE(S)	COURSE NAME
<input type="checkbox"/>	_____	FEMA's E/L-273 "MANAGING FLOODPLAINS THROUGH THE NATIONAL FLOOD INSURANCE PROGRAM" TRAINING COURSE
<input type="checkbox"/>	_____	OWRB FPM 101/ OFMA ADVANCED WORKSHOP
<input type="checkbox"/>	_____	FEMA FLOODPLAIN MANAGEMENT/ HAZARD MITIGATION COURSE Title_____
<input type="checkbox"/>	_____	ON-LINE FLOODPLAIN MANAGEMENT TRAINING COURSES Title_____
<input type="checkbox"/>	_____	ANY OTHER FLOODPLAIN MANAGEMENT RELATED COURSES Title_____

6. Certified Floodplain Manager Program (CFM<sup>®</sup>) if you are a current CFM in good standing, this may be used for Floodplain Administrator Accreditation If so, please indicate the awarding organization and attach proof of current standing.

- Oklahoma Floodplain Managers Association (OFMA)
- Association of State Floodplain Managers (ASFPM)
- Other Floodplain Management Associations (please list)\_\_\_\_\_

7. I CERTIFY THAT THE INFORMATION RECORDED IN THIS APPLICATION IS CORRECT TO THE BEST OF MY KNOWLEDGE.

\_\_\_\_\_  
SIGNATURE OF APPLICANT

8. APPROVED BY APPOINTING COMMUNITY OFFICIAL

\_\_\_\_\_  
SIGNATURE AND TITLE

**RETURN COMPLETED APPLICATION AND APPROPRIATE DOCUMENTATION TO:**  
**OWRB**  
**FLOODPLAIN MANAGEMENT**  
**3800 N. CLASSEN BLVD.**  
**OKLAHOMA CITY, OK 73118**  
**(405) 530-8800**  
**(405) 530-8900 Fax**