OKLAHOMA
Water Resources Board

FLOODPLAIN ADMINISTRATOR *RENEWAL* APPLICATION

1. Applicant Information

Last Name	First Name	Middle Initial
Employer:		
Job Title:		
Professional Mailing Address:		
City/State/Zip:		
Work Phone:	Mobile Phone:	
Fax:	E-Mail:	

2. 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:

_____

_____

3. Which communities are you the Floodplain Administrator for? List All:

_____

_____

Community Information:

Community:	
FPA Accreditation Number:	
Community Mailing Address:	
City/State/Zip:	
Work Phone:	Mobile Phone:
Fax:	E-Mail:

<u>If you are a Floodplain Administrator for multiple communities</u> – provide community contact information below for all additional communities

Community:	
Community Mailing Address:	
City/State/Zip:	
Work Phone:	Mobile Phone:
Fax:	E-Mail:

Community:	
Community Mailing Address:	
City/State/Zip:	
Work Phone:	Mobile Phone:
Fax:	E-Mail:

Community:	
Community Mailing Address:	
City/State/Zip:	
Work Phone:	Mobile Phone:
Fax:	E-Mail:

Community:	
Community Mailing Address:	
City/State/Zip:	
Work Phone:	Mobile Phone:
Fax:	E-Mail:

Community:	
Community Mailing Address:	
City/State/Zip:	
Work Phone:	Mobile Phone:
Fax:	E-Mail:

Community:	
Community Mailing Address:	
City/State/Zip:	
Work Phone:	Mobile Phone:
Fax:	E-Mail:

4. **Have you completed any of the following training courses?**

CECs	DATE(S)	COURSE NAME
		FEMA's L-273 "Managing Floodplains Though the National Flood Insurance Program" Training Course
		OWRB Floodplain Management 101/ OFMA Advanced Workshop
		FEMA Floodplain Management / Hazard Mitigation Course Title:
		Other Floodplain Management Training Courses Title:

5. **Certified Floodplain Manager Program (CFM®) 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 Association (Please list)

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6. **I certify that the information provided in this application is correct to the best of my knowledge.**

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SIGNATURE OF APPLICANT

RETURN COMPLETED APPLICATION AND APPROPRIATE DOCUMENTATION TO:

OWRB FLOODPLAIN MANAGEMENT
3800 N CLASSEN BLVD
OKLAHOMA CITY, OK 73118
Phone: (405) 530-8800
Fax: (405) 530-8900
Email: floodplain@owrb.ok.gov