



ARKANSAS FLOODPLAIN MANAGEMENT ASSOCIATION, INC.
Certified Floodplain Manager Program
Biennial Renewal Application

1. Date: _____
2. Applicant's Name: (print)

(Last) (First) (Middle)
3. Name on Certificate, if different from above: (print)

4. Preferred Mailing Address:

5. Telephone Number: (include area code)
Home (optional) _____ Work: _____
FAX Number: _____ Email: _____
6. Certificate Number: _____
(NOTE: Certificate # will change if certification expires and new application is required.)
7. Has there been any change in your employment status? _____
If yes, describe: _____

8. Has there been any change in your job responsibilities? _____
If yes, describe: _____

9. Have you obtained any additional certifications or licenses? _____
If yes, describe: _____

10. Have you joined any additional professional organizations? _____
If yes, describe: _____

11. Provide the following:

- _____ Completed Renewal Application (This form)
- _____ Proof of Continuing Education Credits
- _____ \$25.00 Renewal Fee (member)
- _____ \$80.00 Renewal Fee (non-member)

Mail to: **Treasurer**
Arkansas Floodplain Management Association
P.O. Box 3251
Little Rock, AR 72203