



## Application for Recertification as a Floodplain Manager in Arkansas

A Program Administered by the Arkansas Floodplain Management Association (AFMA)

CFM® is a Registered Trademark of the Association of State Floodplain Managers (ASFPM)

**Last Name** \_\_\_\_\_ **First Name** \_\_\_\_\_ **Certificate Number** \_\_\_\_\_

**Home Mailing Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip Code:** \_\_\_\_\_

**Job Title:** \_\_\_\_\_ **Start Date:** \_\_\_\_\_

**Employer:** \_\_\_\_\_

**Work Mailing Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip Code:** \_\_\_\_\_

**Email Address (personal or work):** \_\_\_\_\_

**Work Number:** \_\_\_\_\_ **Fax Number:** \_\_\_\_\_

**Mobile Number:** \_\_\_\_\_ **Home Number:** \_\_\_\_\_

**Has there been any change in your employment status?**      \_\_\_ Yes      \_\_\_ No

If yes, please describe: \_\_\_\_\_

**Has there been any change in your job responsibilities?**      \_\_\_ Yes      \_\_\_ No

If yes, please describe: \_\_\_\_\_

**Have you obtained any additional certifications or licenses?**      \_\_\_ Yes      \_\_\_ No

If yes, please describe: \_\_\_\_\_

**Have you joined any additional professional organizations?**      \_\_\_ Yes      \_\_\_ No

If yes, please describe: \_\_\_\_\_

**Remember to include the following as part of your application:**

\_\_\_ Completed Renewal Application (this form)      \_\_\_ \$25.00 Renewal Fee (members)

\_\_\_ Proof of Continuing Education Credits      \_\_\_ \$50.00 Renewal Fee (non-members)

\_\_\_ Signed Decertification Acknowledgement Form