

Acknowledgement & Disclaimer

I have read and agree to abide by the foregoing rules and procedures of the Arkansas Floodplain Management Association (AFMA) certified floodplain manager (CFM) program as adopted by the professional development certification committee (PDCC).

I also agree to complete all application requirements, provide necessary documentation, and take all examinations as may be required for the processing of my application. Upon my registration as a certified floodplain manager, I agree to be bound by the conditions of renewal as contained in the CFM program.

I further understand that the fee submitted with this application is non-refundable and that all documentation submitted in support of said application becomes the property of AFMA. I understand the schedule of fees and the additional criteria to keep my certification current.

I agree to hold AFMA and its members, officers, agents and examiners free from any damage or claim for damage or complaint by reason of any action taken in connection with this application, the attendant examination, the grades with respect to any examination, the failure of AFMA to register me as a certified floodplain manager, and any other aspect of the CFM program. I hereby grant permission to AFMA and the PDCC to seek any information or references it deems fit in securing my credentials pertinent to this application.

I further agree that if registered as a CFM, upon the revocation, suspension or cancellation of my certification by action of the PDCC, I shall return to AFMA my certificate, identification card, and any other items issued as part of the CFM program.

The information which I have provided in this application is truthful. I understand that providing false information of any kind may result in the voiding of this application and my failure to be registered as a certified floodplain manager, or the possible revocation of my certification. I understand that all information provided as part of this application will remain strictly confidential unless authorized by me in writing to release the information to a requesting party. A letter will be sent, however, to my supervisor or reference upon successful certification as a CFM.

I hereby attest that the information provided herein is factual and that I fully understand all conditions, the Code of Professional Conduct, the Decertification Acknowledgement, rules and procedures of the CFM program, and do hereby agree to conform to all such conditions, rules and procedures.

Date

Name of Applicant (printed)

Name of Applicant (signature)