

Certificate Number

Office Use Only

Application for Certification 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 _____ Middle Initial or Name _____

Date of Birth: _____ Place of Birth: _____

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: _____

Please check the following areas of responsibility in which you are involved:

- | | |
|--|--|
| <input type="checkbox"/> Floodplain Management | <input type="checkbox"/> Zoning Enforcement |
| <input type="checkbox"/> Hazard Mitigation | <input type="checkbox"/> Multi-Objective Management |
| <input type="checkbox"/> Building Code Enforcement | <input type="checkbox"/> Community Rating System (CRS) |
| <input type="checkbox"/> Building Inspection | <input type="checkbox"/> Subdivision Review |
| <input type="checkbox"/> Health Codes | <input type="checkbox"/> Planning Review |
| <input type="checkbox"/> On-Site Septic Systems | <input type="checkbox"/> Water & Wastewater Systems |
| <input type="checkbox"/> Storm Water Management | <input type="checkbox"/> Environmental Management |
| <input type="checkbox"/> Emergency Management | <input type="checkbox"/> Other: _____ |

Is floodplain management your primary responsibility at work? ___ yes ___ no

Please describe your primary responsibility and percentage of time devoted to floodplain management:

Please describe your involvement in any special floodplain management or mitigation project that resulted in a reduction in flood hazard within your community (project / date / location):

Additional work experience other than employment listed on previous page:

Employer City / State Title Duration (years)

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Please indicate which (if any) of the following training courses you have completed:

_____ *Managing Floodplains Through the National Flood Insurance Program (NFIP) Training*

_____ The FEMA Home Study Course

_____ Other federal training course: _____

State floodplain management training courses: _____

Any related floodplain management courses: _____

List all other state or association registrations, licenses or certifications you presently hold:

List professional associations / organizations in which you maintain membership / held office:

Organization Office Term (years)

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Professional publications (book, article or conference paper) related to floodplain management, hazard mitigation, storm water management, or a related field:

Title Venue Date

Title Venue Date