

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)

\_\_\_\_\_  
Employer City / State Title Duration (years)

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)

\_\_\_\_\_  
Organization Office Term (years)

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