OKLAHOMA WATER RESOURCES BOARD
FLOODPLAIN ADMINISTRATOR APPLICATION

Purpose of Application: Please check appropriate block

☐ Initial accreditation for new community floodplain administrators
☐ Renewal accreditation application for existing floodplain administrators.

1. APPLICANT INFORMATION

LAST NAME ________________________________________________________
FIRST _____________________________________ MIDDLE INITIAL _____________

EMPLOYER _________________________________________________________

JOB TITLE ________________________________ EMPLOYMENT DATE _______________

FPA ACCREDITATION NUMBER ______________________

PROFESSIONAL MAILING ADDRESS _______________________________________

CITY/STATE/ZIP _______________________________________________________

TELEPHONE: WORK (      ) __________________    CELL ____________________________

FAX     (       ) __________________   E-MAIL __________________________

2. PLEASE CHECK ALL OF THE FOLLOWING AREAS OF RESPONSIBILITY WHICH YOU ARE INVOLVED IN:

____ FLOODPLAIN MANAGEMENT   ______ ZONING ENFORCEMENT
____ HAZARD MITIGATION    ______ MULTI-OBJECTIVE MANAGEMENT
____ BUILDING CODE ENFORCEMENT ______ COMMUNITY RATING SYSTEM
____ BUILDING INSPECTION    ______ SUBDIVISION REVIEW
____ HEALTH CODES          ______ PLANNING REVIEW
____ ON-SITE SEPTIC SYSTEMS ______ WATER AND WASTEWATER SYSTEMS
____ STORMWATER MANAGEMENT ______ ENVIRONMENTAL MANAGEMENT
____ EMERGENCY MANAGEMENT   ______ OTHER ________________________________

3. IS FLOODPLAIN MANAGEMENT YOUR PRIMARY RESPONSIBILITY WITH YOUR EMPLOYER?   YES ______  NO ______  IF NO, DESCRIBE YOUR PRIMARY RESPONSIBILITY AND PERCENT OF TIME DEVOTED TO FLOODPLAIN MANAGEMENT:

________________________________________________________________________
________________________________________________________________________

4. NUMBER OF YEARS EXPERIENCE IN FLOODPLAIN MANAGEMENT:
PART-TIME: __________    FULL-TIME: __________

FPA Accreditation Application/ Renewal Page 1
5. HAVE YOU COMPLETED ANY OF THE FOLLOWING TRAINING COURSES?

(If yes, attach documentation of training)

<table>
<thead>
<tr>
<th>YES</th>
<th>DATE(S)</th>
<th>COURSE NAME</th>
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<tbody>
<tr>
<td>□</td>
<td>_______</td>
<td>FEMA’s E/L-273 “MANAGING FLOODPLAINS THROUGH THE NATIONAL FLOOD INSURANCE PROGRAM” TRAINING COURSE</td>
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<tr>
<td>□</td>
<td>_______</td>
<td>OWRB FPM 101/ OFMA ADVANCED WORKSHOP</td>
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<tr>
<td>□</td>
<td>_______</td>
<td>FEMA FLOODPLAIN MANAGEMENT/ HAZARD MITIGATION COURSE</td>
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<td>Title__________________________</td>
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<td>_______</td>
<td>ON-LINE FLOODPLAIN MANAGEMENT TRAINING COURSES</td>
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<td>Title__________________________</td>
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<td>□</td>
<td>_______</td>
<td>ANY OTHER FLOODPLAIN MANAGEMENT RELATED COURSES</td>
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<td>Title__________________________</td>
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6. Certified Floodplain Manager Program (CFM®) if you are a current CFM in good standing, this may be used for Floodplain Administrator Accreditation If so, please indicate the awarding organization and attach proof of current standing.

| □   | Oklahoma Floodplain Managers Association (OFMA) |
| □   | Association of State Floodplain Managers (ASFPM) |
| □   | Other Floodplain Management Associations (please list)__________________________ |

7. I CERTIFY THAT THE INFORMATION RECORDED IN THIS APPLICATION IS CORRECT TO THE BEST OF MY KNOWLEDGE.

______________________________________
SIGNATURE OF APPLICANT

8. APPROVED BY APPOINTING COMMUNITY OFFICIAL

______________________________________
SIGNATURE AND TITLE

RETURN COMPLETED APPLICATION AND APPROPRIATE DOCUMENTATION TO:
OWRB
PLANNING & MANAGEMENT DIV.
3800 N. CLASSEN BLVD.
OKLAHOMA CITY, OK  73118
(405) 530-8800
(405) 530-8900 Fax