

**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: _____

5. HAVE YOU COMPLETED ANY OF THE FOLLOWING TRAINING COURSES?

(If yes, attach documentation of training)

YES	DATE(S)	COURSE NAME
<input type="checkbox"/>	_____	FEMA's E/L-273 "MANAGING FLOODPLAINS THROUGH THE NATIONAL FLOOD INSURANCE PROGRAM" TRAINING COURSE
<input type="checkbox"/>	_____	OWRB FPM 101/ OFMA ADVANCED WORKSHOP
<input type="checkbox"/>	_____	FEMA FLOODPLAIN MANAGEMENT/ HAZARD MITIGATION COURSE Title_____
<input type="checkbox"/>	_____	ON-LINE FLOODPLAIN MANAGEMENT TRAINING COURSES Title_____
<input type="checkbox"/>	_____	ANY OTHER FLOODPLAIN MANAGEMENT RELATED COURSES Title_____

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**