

**OKLAHOMA WATER RESOURCES BOARD
FLOODPLAIN ADMINISTRATOR
ACCREDITATION RENEWAL FORM**

ACCREDITATION NUMBER
FPA - _____

FIRST NAME _____ LAST NAME _____ JR/SR ____ CFM _____
CITY, TOWN, COUNTY, TRIBE _____
PHYSICAL ADDRESS _____
P. O. BOX _____
CITY _____ STATE _____ ZIP _____

WORK PHONE _____
CELL PHONE _____
EMAIL ADDRESS _____

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 "MANAGING FLOODPLAINS THROUGH THE NATIONAL FLOOD INSURANCE PROGRAM" TRAINING COURSE (WEEK LONG COURSE) |
| <input type="checkbox"/> | _____ | FEMA's or OWRB's HOME STUDY COURSE |
| <input type="checkbox"/> | _____ | ANY OTHER RELATED FEDERAL TRAINING COURSES |
| <input type="checkbox"/> | _____ | _____ |
| <input type="checkbox"/> | _____ | ANY OWRB FLOODPLAIN MANAGEMENT TRAINING COURSES |
| <input type="checkbox"/> | _____ | _____ |
| <input type="checkbox"/> | _____ | ANY OTHER FLOODPLAIN MANAGEMENT RELATED COURSES |
| | | _____ |

I CERTIFY THAT THE INFORMATION RECORDED ON THIS RENEWAL FORM IS CORRECT TO THE BEST OF MY KNOWLEDGE.

SIGNATURE OF APPLICANT

RETURN COMPLETED APPLICATION AND RETURN ALONG WITH APPROPRIATE DOCUMENTATION TO:

**OWRB
PLANNING SECTION
3800 N. CLASSEN BLVD.
OKLAHOMA CITY, OK 73118
(405) 530-8800**