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)

<table>
<thead>
<tr>
<th>YES</th>
<th>DATE(S)</th>
<th>COURSE NAME</th>
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<tr>
<td>☐</td>
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<td>FEMA’s E/L-273 “MANAGING FLOODPLAINS THROUGH THE NATIONAL FLOOD INSURANCE PROGRAM” TRAINING COURSE</td>
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<td>OWRB FPM 101/ OFMA ADVANCED WORKSHOP</td>
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<td>FEMA FLOODPLAIN MANAGEMENT/ HAZARD MITIGATION COURSE</td>
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<td>Title___________________________________________</td>
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<td>ON-LINE FLOODPLAIN MANAGEMENT TRAINING COURSES</td>
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<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
FLOODPLAIN MANAGEMENT
3800 N. CLASSSEN BLVD.
OKLAHOMA CITY, OK 73118
(405) 530-8800
(405) 530-8900 Fax

FPA Accreditation Application/ Renewal Page 2