

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

|                            |                            |
|----------------------------|----------------------------|
| ACCREDITATION NUMBER _____ | RENEWAL FORM FPA (04/2010) |
| FPA - _____                |                            |

FIRST NAME \_\_\_\_\_ LAST NAME \_\_\_\_\_ JR/SR \_\_\_\_\_ CFM \_\_\_\_\_  
CITY, TOWN, COUNTY, TRIBE \_\_\_\_\_  
PHYSICAL ADDRESS \_\_\_\_\_  
P.O. BOX \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_  
CFM Number \_\_\_\_\_ CFM Expiration Date \_\_\_\_\_  
(Please attach copy of current CFM Card)  
WORK PHONE \_\_\_\_\_  
CELL PHONE \_\_\_\_\_  
FAX \_\_\_\_\_  
EMAIL ADDRESS \_\_\_\_\_

IF SENDING A COPY OF YOUR CURRENT CFM CARD, YOU MAY NOW SKIP DOWN TO SIGNATURE.

**BETWEEN JULY 1 AND JUNE 30 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 FLOODPLAIN DEVELOPMENT THROUGH THE NFIP" TRAINING COURSE (WEEK LONG COURSE) |
| <input type="checkbox"/> | _____   | ONLINE PREAPPROVED FLOODPLAIN MGT OR WATER QUALITY COURSES                                   |
| <input type="checkbox"/> | _____   | ANY OTHER RELATED FEDERAL TRAINING COURSES   |
| <input type="checkbox"/> | _____   | ANY OWRB/OFMA FLOODPLAIN MANAGEMENT TRAINING COURSES   |
| <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 ALONG WITH APPROPRIATE DOCUMENTATION TO:**

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