FPA ACCREDITATION NUMBER_____ FOR OFFICIAL USE ONLY

Form 09/2017

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

□ _____ FEMA's E/L-273 "MANAGING FLOODPLAINS THROUGH THE NATIONAL FLOOD INSURANCE PROGRAM" TRAINING COURSE

□ _____ OWRB FPM 101/ OFMA ADVANCED WORKSHOP

□ _____ FEMA FLOODPLAIN MANAGEMENT/ HAZARD MITIGATION COURSE

Title_____

□ _____ ON-LINE FLOODPLAIN MANAGEMENT TRAINING COURSES

Title_____

□ _____ 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
FLOODPLAIN MANAGEMENT
3800 N. CLASSEN BLVD.
OKLAHOMA CITY, OK 73118
(405) 530-8800
(405) 530-8900 Fax