

ACCREDITATION NUMBER

FOR OFFICIAL USE ONLY

FORM FPA (04/05)

OKLAHOMA WATER RESOURCES BOARD FLOODPLAIN ADMINISTRATOR ACCREDITATION APPLICATION

1. APPLICANT INFORMATION

LAST NAME _____ FIRST _____ MIDDLE _____

EMPLOYER _____

JOB TITLE _____ EMPLOYMENT DATE _____

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:

- | | |
|--|---|
| <input type="checkbox"/> FLOODPLAIN MANAGEMENT | <input type="checkbox"/> ZONING ENFORCEMENT |
| <input type="checkbox"/> HAZARD MITIGATION | <input type="checkbox"/> MULTI-OBJECTIVE MANAGEMENT |
| <input type="checkbox"/> BUILDING CODE ENFORCEMENT | <input type="checkbox"/> COMMUNITY RATING SYSTEM |
| <input type="checkbox"/> BUILDING INSPECTION | <input type="checkbox"/> SUBDIVISION REVIEW |
| <input type="checkbox"/> HEALTH CODES | <input type="checkbox"/> PLANNING REVIEW |
| <input type="checkbox"/> ON-SITE SEPTIC SYSTEMS | <input type="checkbox"/> WATER AND WASTEWATER SYSTEMS |
| <input type="checkbox"/> STORMWATER MANAGEMENT | <input type="checkbox"/> ENVIRONMENTAL MANAGEMENT |
| <input type="checkbox"/> EMERGENCY MANAGEMENT | <input type="checkbox"/> 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 "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"/> | _____ | ANY OWRB FLOODPLAIN MANAGEMENT TRAINING COURSES
_____ |
| <input type="checkbox"/> | _____ | ANY OTHER FLOODPLAIN MANAGEMENT RELATED COURSES
_____ |

6. PLEASE INDICATE IF YOU ARE CERTIFIED AS A CFM[®] BY ONE OF THE FOLLOWING ASSOCIATIONS (If so, please attach proof of current standing).

- Oklahoma Floodplain Managers Association (OFMA)
- Association of State Floodplain Managers (ASFPM)
- Other 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 RETURN ALONG WITH APPROPRIATE DOCUMENTATION TO:

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