

**OKLAHOMA FLOODPLAIN MANAGERS ASSOCIATION, INC.
CERTIFICATION RETAKE APPLICATION**

Date of Exam Previously Taken _____

1. Applicant's Name:

(Last) (First) (Middle)

2. Email:

3. Phone:

Employer:

4. Home Address:

5. Work Address:

6. Signature:

FEES: Re-examination Fee \$50.00

Mail to OFMA, P.O. Box 8101, Tulsa, OK 74101, 918 669-4919

***Change in employment, address, etc. since original application may require new application for CFM exam.**