



NEW MEXICO
CERTIFIED FLOODPLAIN MANAGER PROGRAM
CFM® EXAM RETAKE APPLICATION

APPLICANT INFORMATION (Please print clearly)

Last Name	First Name	Middle Initial
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Name to appear on Certificate if different from above

Employer _____

Professional Mailing Address _____

City/State/Zip _____

Telephone Work (____) _____ Home (____) _____

Fax (____) _____ E-mail _____

Home Mailing Address _____

City/State/Zip _____

Name, location and date of conference/workshop or other event where previous exam was taken:

Name, location and date of conference/workshop or other event for new exam:

Offered by: _____

Signature: _____ **Date:** _____

INVOICE

FEE: \$25.00 Check No. _____ Purchase Order No: _____

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