



**NEW MEXICO
CERTIFIED FLOODPLAIN MANAGER PROGRAM**

CFM® RENEWAL APPLICATION

APPLICANT INFORMATION (Please print clearly)

Last Name First Name Middle Initial

Name to appear on Certificate if different from above

Employer

Job Title Years of FPM experience

Professional Mailing Address

City/State/Zip

Telephone Work () Home ()

Cell () E-mail

Home Mailing Address

City/State/Zip

Describe any changes in your employment status or job responsibilities

Provide the following:

- _____
Completed Renewal Application (This form)
- _____
\$150 Nonmember Renewal Fee **OR** \$25 NMFMA Member Renewal Fee
- _____
Decertification Acknowledgement Form
- _____
Proof of Continuing Education Credits (if requested)
- _____
\$25 Late Renewal Fee (if applicable)

Signature: _____ **Date:** _____

INVOICE

RENEWAL FEE: ___ \$150 Non-Member ___ \$25 NMFMA Member ___ \$25 Late Fee

Payment Amount: _____ **Check # or Online** _____

Mail to: NMFMA Certification Board, PO Box 3924, Roswell, NM 88202