NMFMA

NEW MEXICO CERTIFIED FLOODPLAIN MANAGER PROGRAM

CFM® EXAM RETAKE APPLICATION

APPLICANT INFORMATION (Please print clearly)

Last Name	First Name	Middle Initial
Name to appear on C	Pertificate if different from above	
Employer		
Professional Mailing	Address	
City/State/Zip		
Telephone Work (Home (
Home Mailing Addre	ess	
City/State/Zip		
Name, location and date of conference/workshop or other event where <u>previous</u> exam was taken:		
Name, location and date of conference/workshop or other event for <u>new</u> exam:		
Offered by:	_	
		Date:
	INVOI	
FEE: \$25.00	Check No Pur	chase Order No:
Paid online with credit card:		

Mail to: NMFMA Certification Board, PO Box 1235, Las Cruces, NM 88004