# ASFPM CFM® RETAKE APPLICATION

## ASFPM Certified Floodplain Manager Program (CFM® Program)

_____ *Mr./ Ms. (Circle)*
*Last Name* *First* *Middle Initial*

Email: _____ Date of Birth _____

Phone: _____ Employer: _____

Home Address: _____

Signature: _____
***Required***

**Location and Date of Exam applying for: _____**

**FEES:**
***Re-examination Fee $ 50**

_____ Check enclosed _____ Credit Card _____ Purchase Order

Check or Purchase Order Number _____

**PAYMENT AMOUNT TOTAL $ _____**

Card # _____Expiration Date _____ CCV # _____

Card Holder's Name _____Cardholders Zip Code _____

**SIGNATURE _____**

Retake exam fee only applies within 12 months of initial exam or at the next national conference, whichever is later. Otherwise, applicant must re-submit original application and original fees.

When an applicant cancels from a scheduled exam, with at least two weeks notice to the ASFPM Executive Office, he/she will receive a 50% refund. No refund will be given if the cancellation occurs with less than two weeks notice. Rescheduling to a future exam site and date is acceptable with no penalty within one year.

**Mail to: ASFPM, 575 D'Onofrio Drive, Suite 200, Madison, WI 53719**
**Phone: 608-828-3000 Fax: 608-828-6319**