

**NCAFPM CFM® RETAKE APPLICATION**

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

Email: \_\_\_\_\_ Date of Birth \_\_\_\_\_

Phone: \_\_\_\_\_ Employer \_\_\_\_\_

*\*Please notify ASFPM Executive Office at (608) 274-0123 or [cfm@floods.org](mailto:cfm@floods.org) if your address, Phone #, Fax, etc. has changed since your last application. Thank you.*

Signature: \_\_\_\_\_  
**\*Required\***

**Location and Date of Exam applying for:** \_\_\_\_\_

**FEES:**

**\*Re-examination Fee \$ 50**

\_\_\_\_\_ Check enclosed \_\_\_\_\_ VISA or MasterCard \_\_\_\_\_ Purchase Order

Check or Purchase Order Number \_\_\_\_\_

**PAYMENT AMOUNT TOTAL \$ \_\_\_\_\_** (\$5 fee for Credit Card/ Purchase Order Processing)

Card # \_\_\_\_\_ Expiration Date \_\_\_\_\_ CCV # \_\_\_\_\_

Card Holder's Name \_\_\_\_\_ Cardholders Zip Code \_\_\_\_\_

**SIGNATURE** \_\_\_\_\_

*\*Only applies within 12 months of initial exam or at the next 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, 2809 Fish Hatchery Road, Suite 204, Madison, WI 53713**