

NCAFPM CFM® RETAKE APPLICATION

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

Email: _____ Date of Birth _____

Phone: _____ Employer _____

**Please notify ASFPM Executive Office at (cfm@floods.org) if your other contact information has changed since your last application. Thank you.*

Signature: _____
Required

Location and Date of Exam applying for: _____

FEES: *Re-examination Fee \$ 50

_____ Check enclosed _____ Credit card (VISA, MC, DISC, AMEX) _____ Purchase Order

Check or Purchase Order Number _____

PAYMENT AMOUNT TOTAL \$ _____

Card # _____ Expiration Date _____ CCV # _____

Card Holder's Name _____ Cardholders Zip Code _____

SIGNATURE _____

**Only applies within 12 months of initial exam. 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 may 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, 8301 Excelsior Drive, Madison, WI 53717