NCAFPM CFM® RETAKE APPLICATION

Last Name: ____________________________ First: ____________________________ MI: ____________________________ Mr./ Ms. (Circle)

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

7/24/2019