

# 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](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    \_\_\_\_\_ 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, 575 D'Onofrio Dr., Suite 200, Madison, WI 53719**