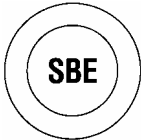


APPLICATION FOR RECERTIFICATION

(Recertification Only – Not to be used for initial certification)



SOCIETY OF BROADCAST ENGINEERS

9102 North Meridian Street, Suite 150
 Indianapolis, IN 46260
 Phone: (317) 846-9000
 Fax: (317) 846-9120

Send application ATTN: Certification Director
 (Please type or print)

Please check only one:

- I wish to recertify by **meeting the service requirement** (Certified Broadcast Technologist Only)
- I wish to recertify by **professional credits** (Fill out all four pages of the application)
- I wish to recertify by **taking the following exam(s)** during the _____ exam session:
 - Certified Broadcast Networking Technologist
 - Certified Audio Engineer
 - Certified Video Engineer
 - Certified Broadcast Radio Engineer
 - Certified Broadcast Television Engineer
 - Certified Senior Broadcast Radio Engineer
 - Certified Senior Broadcast Television Engineer

Certified Broadcast Technologist

Member Fee: \$45 Non-Member Fee: \$111

Certified Broadcast Networking Technologist

Member Fee: \$55 Non-Member Fee: \$121

Certified Audio or Video Engineer

Certified Broadcast Radio or Television Engineer
 Member Fee: \$60 Non-Member Fee: \$121

Certified Senior Broadcast Radio or Television Engineer

Member Fee: \$85 Non-Member Fee: \$151

Certified Professional Broadcast Engineer

Member Fee: \$110 Non-Member Fee: \$176

AM Directional Specialist, 8-VSB Specialist or Digital Radio Broadcast Specialist

Additional Fee when Recertifying Host Certification:
 \$15

MEMBER DISCOUNT: There is a 10% discount off the Member Fee if you have kept your SBE membership current during your certification term.

Payment Method: Check Money Order (payable to SBE) American Express MasterCard Visa Total: \$ _____
 Credit Card # _____ Exp. Date _____ Security Code^ _____
 Name on Card (if different) _____ Billing Address (if different) _____
 ^ 3 digits in signature strip on back of card to the **right** of the (partial) card number (for Amex. it is 4 non-raised digits on the front).

Non-Member fee includes optional membership in SBE through March 31 of the following year (See back for more information).
 Information provided in this application will be used to determine eligibility.

 Last Name First MI Home Phone (_____) _____

 Mailing Address Business Phone (_____) _____

 City State Zip Code Fax Number (_____) _____

 E-mail Address Date of Birth (MM/DD/YY) *optional* _____

EXPERIENCE RECORD

List in chronological order, beginning with the most recent, all formal experience in Broadcast Engineering or related employment. Indicate field(s) of specialization under "Position." Please do not limit yourself to the spaces below. The more details you give us about your background the easier it will be for us to correctly judge your application. **ATTACH A BRIEF DESCRIPTION OF JOB DUTIES.**

From Month Yr.	To Month Yr.	Company Name and Location	Position or Title	Immediate Supervisor

ADDITIONAL INFORMATION REQUESTED ON REVERSE SIDE

NATIONAL CERTIFICATION COMMITTEE ACTION

Approved Disapproved Date: _____
 Comment: _____
 Senior Essay Question # _____
 Signature: _____

ADMISSIONS COMMITTEE ACTION

Approved Disapproved Grade: _____
 Comment: _____
 Signature: _____ Date: _____
 Appl Notified: _____ Records: _____

EDUCATION

A Transcript **MUST** accompany application if substituting education for part of the experience requirement.

From Month Yr.	To Month Yr.	College, University or Technical Institute	Credits or Yrs. Complete	Course or Major	Degree

REFERENCES

Three required. One **MUST** have supervised your work.

Name	Company Name and Location	Position or Title	Phone

PROFESSIONAL SOCIETIES

Name	Year Joined	Member Grade Attained	Offices Held

OTHER PROFESSIONAL LICENSES OR CERTIFICATES

SPECIAL ACHIEVEMENTS

List awards, patents, books, articles, short courses, seminars related to broadcast-communications technology, etc.

If you are applying for **Certification by Examination**, the Certification Chairman of your local chapter should be notified. The closest SBE Chapter is: _____

Upon certification by exam, please notify my employer: No Yes If yes, complete name, title and address below:

Company	Employer Name	Title
Address	City	State Zip

If taking an exam, Non-Member fee includes optional membership in SBE through March 31 of the following year.

SBE MEMBERSHIP: **YES**, I wish to take advantage of the optional SBE membership included in the non-member certification fee. I am already an SBE Member, # _____ Decline SBE Membership

If accepting, select level of membership: Regular Member Associate Member Reinstatement (former # _____)

If accepted, please enroll me in Local Chapter # _____ Location: _____

Sponsor's Name / Who introduced you to SBE? (optional): _____

Have you ever been convicted of a felony? Yes No If yes, describe in full. *(Use additional paper if necessary.)*

SBE dues are not deductible as a charitable contribution for federal income tax purposes, but may be deductible as a business expense.
SBE estimates that 1% of your dues are not deductible because of SBE's lobbying activities on behalf of its members.

I have read and understand the requirements of the SBE Certification Program and certify that all information submitted is accurate. If approved for SBE Membership, I agree to abide by the Society of Broadcast Engineers By-Laws and Canons of Ethics (available at www.sbe.org).

Date

Signature (in ink)

RETAIN A COPY OF YOUR APPLICATION!