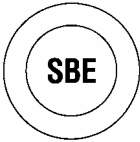


# APPLICATION FOR RECERTIFICATION

*(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:  \$126

**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](http://www.sbe.org)).

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature (in ink)

**RETAIN A COPY OF YOUR APPLICATION!**