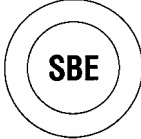


Application for SPECIALIST Certification

IMPORTANT: To apply for a specialist certification, you **MUST** be currently SBE Certified at one of the following levels.

- I am currently certified as: (check all that apply)
- | | |
|---|--|
| <input type="checkbox"/> Certified Audio Engineer (CEA) | <input type="checkbox"/> Certified Video Engineer (CEV) |
| <input type="checkbox"/> Certified Broadcast Radio Engineer (CBRE) | <input type="checkbox"/> Certified Broadcast Television Engineer (CBTE) |
| <input type="checkbox"/> Certified Senior Broadcast Radio Engineer (CSRE) | <input type="checkbox"/> Certified Senior Broadcast Television Engineer (CSTE) |
| <input type="checkbox"/> Certified Professional Broadcast Engineer (CPBE) | |

<p>I wish to take the following specialist exam:</p> <p><input type="checkbox"/> Certified 8-VSB Specialist</p> <p><input type="checkbox"/> Certified AM Directional Specialist</p> <p><input type="checkbox"/> Certified Digital Radio Broadcast Specialist (November 2007 session)</p> <p>I wish to take the exam during the _____ exam session:</p> <p>Member Fee: <input type="checkbox"/> \$55</p> <p>Non-Member Fee: <input type="checkbox"/> \$121</p>		<p>SOCIETY OF BROADCAST ENGINEERS 9102 North Meridian Street, Suite 150 Indianapolis, IN 46260 Phone: (317) 846-9000 Fax: (317) 846-9120</p> <p style="text-align: center;">Send application Attn: Certification Director</p> <p style="text-align: center;">(Please type or print)</p>
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Payment Method: <input type="checkbox"/> Check <input type="checkbox"/> Money Order (payable to SBE) <input type="checkbox"/> American Express <input type="checkbox"/> MasterCard <input type="checkbox"/> Visa Total: \$ _____ Credit Card # _____ Exp. Date _____ Security Code^ _____ Name on Card (if different) _____ Billing Address (if different) _____ <small>^ 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).</small>
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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 (_____) _____
Place of Employment _____		Date Employed _____	Date of Birth (MM/DD/YY) <i>optional</i> _____
Current Job Title _____	Type of Facility _____	E-mail Address _____	

Description of Duties _____

EXPERIENCE RECORD

List in chronological order, beginning with the most recent, all formal experience in Broadcast Engineering or related employment for the last five years. 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 Mo	Yr	To Mo	Yr	Company Name and Location	Position or Title	Immediate Supervisor

ADDITIONAL INFORMATION REQUESTED ON REVERSE SIDE

<p>NATIONAL CERTIFICATION COMMITTEE ACTION</p> <p><input type="checkbox"/> Approved <input type="checkbox"/> Disapproved Date: _____</p> <p>Comment: _____</p> <p>Senior Essay Question # _____</p> <p>Signature: _____</p>	<p>ADMISSIONS COMMITTEE ACTION</p> <p><input type="checkbox"/> Approved <input type="checkbox"/> Disapproved Grade: _____</p> <p>Comment: _____</p> <p>Signature: _____ Date: _____</p> <p>Appl Notified: _____ Records: _____</p>
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