





### REFERENCES

You **must** have references from **two** certified Professional or Senior Broadcast Engineers and at least **one** from a person who has 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

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### SPECIAL ACHIEVEMENTS

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

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**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): \_\_\_\_\_

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.

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

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

\_\_\_\_\_

\_\_\_\_\_

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

EMPLOYER NAME \_\_\_\_\_ TITLE \_\_\_\_\_ COMPANY NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

I have read and understand the requirements of the SBE Certification Program and certify that all information submitted is accurate. If approved, I agree to abide by the Society of Broadcast Engineers and Canons of Ethics (available at [www.sbe.org](http://www.sbe.org)).

\_\_\_\_\_  
Date

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

**RETAIN A COPY OF YOUR APPLICATION!**

**NOTE:** If you maintain SBE membership throughout your certification period (5 years), you will receive a 10% discount on recertification.