SBE CERTIFIED BROADCAST TECHNOLOGIST (CBT) Application

Payment Method:
- Check
- Money Order (payable to SBE)
- American Express
- MasterCard
- Visa

Total: $__

Credit Card 

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.

I wish to take the CBT exam during the _________ exam session:
- AM/FM
- Television

I wish to apply for CBT by License
(Copy of valid FCC General Radio Telephone, Amateur Extra license or SBE Certified School letter must accompany application)

Member Fee:  $56
Non-Member:  $141  Non-Member Plus:  $231

Student fee: deduct $60 from the non-member fee.

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).

Last Name ____________________________ First ____________________________ MI ________________ Primary Phone ____________________________

Mailing Address ____________________________ Secondary Phone ____________________________

City ____________________________ State ____________________________ Zip Code ____________________________ Fax Number ____________________________

Place of Employment ____________________________ Date Employed ____________________________ Date of Birth (MM/DD/YY) optional ____________________________

Current Job Title ____________________________ Type of Facility ____________________________ E-mail Address ____________________________

Description of Duties ____________________________

Total years of responsible Engineering Experience: ____________  Radio  TV  Other (check all that apply)

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.

<table>
<thead>
<tr>
<th>From Mo</th>
<th>To Mo</th>
<th>Company Name and Location</th>
<th>Position or Title</th>
<th>Immediate Supervisor/Contact #</th>
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EDUCATION

Transcript MUST accompany application if substituting education for part of the experience requirement, and if applying for Student Membership.

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<th>From Mo</th>
<th>To Mo</th>
<th>College, University or Technical Institute</th>
<th>Credits or Yrs Compl</th>
<th>Course or Major</th>
<th>Degree</th>
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ADDITIONAL INFORMATION REQUESTED ON REVERSE SIDE

NATIONAL CERTIFICATION COMMITTEE ACTION
- Approved  Disapproved  Date: ____________________________

Signature: ____________________________ Date: ____________________________

ADMISSIONS COMMITTEE ACTION
- Approved  Disapproved  Grade: ____________________________

Signature: ____________________________ Date: ____________________________
REFERENCES
Three required. One MUST have supervised your work.

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PROFESSIONAL SOCIETIES

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<tr>
<th>Name</th>
<th>Year Joined</th>
<th>Member Grade Attained</th>
<th>Offices Held</th>
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OTHER PROFESSIONAL LICENSES OR CERTIFICATES

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

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 #______)
☐ Student Member – Must provide contact information for faculty advisor, dean, department chair, registrar, etc., for SBE to use to verify your student status: Name __________________________ Title __________________________
E-mail __________________________ Phone (______) __________________________

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

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 Canons of Ethics (available at 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.