SBE CERTIFICATION Application

I wish to take the following exam(s) during the ____________ exam session:

- Certified Broadcast Radio Engineer (CBRE)
- Certified Broadcast Television Engineer (CBTE)
- Certified Audio Engineer (CEA)
- Certified Video Engineer (CEV)
- MEMBER FEE*: $70  ❑  NON-MEMBER FEE: $155  ❑  NON-MEMBER FEE: $245

I wish to take the following exam(s) during the ____________ exam session:

- Certified Senior Radio Engineer (CSRE)
- Certified Senior Television Engineer (CSTE)
- MEMBER FEE*: $95  ❑  NON-MEMBER FEE: $180  ❑  NON-MEMBER FEE: $270

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).

SBE CERTIFICATION Application

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.

❑ Mr.  ❑ Mrs.  ❑ Ms. (optional)

Last Name                  First                  MI

Mailing Address

City                      State                    Zip Code

Place of Employment       Date Employed

Current Job Title         Type of Facility

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.

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<tr>
<th>From Mo Yr</th>
<th>To Mo Yr</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 Yr</th>
<th>To Mo Yr</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: ________________________

Senior Essay Question # ________________________________

Signature: ____________________________________________

ADMISSIONS COMMITTEE ACTION

❑ Approved  ❑ Disapproved  Grade: ________________________

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

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<th>Name</th>
<th>Company Name and Location</th>
<th>Position or Title</th>
<th>Phone</th>
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PROFESSIONAL SOCIETIES

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<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.)
________________________________________________________________________________________
________________________________________________________________________________________
________________________________________________________________________________________
________________________________________________________________________________________

Sponsor’s Name/Who introduced you to SBE? (optional): ____________________________________________

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

EMPLOYER NAME

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<th>Title</th>
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ADDRESS

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<th>STATE</th>
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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) ___________________________

RETAI N 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.