APPLICATION FOR RECERTIFICATION

(Recertification Only – Not to be used for initial certification)

SOCIETY OF BROADCAST ENGINEERS
The Association for Broadcast and Multimedia Technology Professionals
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:

☐ CBT – Certified Broadcast Technologist ONLY
☐ I wish to recertify by meeting the service requirement

☐ I wish to recertify by taking the following exam(s)

☐ Certified Broadcast Networking Technologist (CBNT)
☐ Certified Audio Engineer (CEA)
☐ Certified Video Engineer (CEV)
☐ Certified Broadcast Radio Engineer (CBRE)
☐ Certified Broadcast Television Engineer (CBTE)
☐ Certified Broadcast Networking Engineer (CBNE)
☐ Certified Senior Radio Engineer (CSRE)
☐ Certified Senior Television Engineer (CSTE)

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.

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

Total: $________

Credit Card # ____________________________ Exp. Date ____________

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 ______________ Home Phone (_______)

Mailing Address ____________________________

City ____________________________ State ______________ Zip Code ______________

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.

<table>
<thead>
<tr>
<th>From Month Yr.</th>
<th>To Month Yr.</th>
<th>Company Name and Location</th>
<th>Position or Title</th>
<th>Immediate Supervisor/Contact # or email</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

ADDITIONAL INFORMATION REQUESTED ON REVERSE SIDE

☐ Approved ☐ Disapproved Date: ____________________________

Comment: _____________________________________________

Signature: ____________________________________________

☐ Approved ☐ Disapproved Grade: __________________________

Signature: ____________________________________________

Appl Notified: ____________________________ Records: ________
EDUCATION
A Transcript MUST accompany application if substituting education for part of the experience requirement.

<table>
<thead>
<tr>
<th>From Month</th>
<th>To Month</th>
<th>College, University or Technical Institute</th>
<th>Credits or Yrs. Complete</th>
<th>Course or Major</th>
<th>Degree</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

REFERENCES
Three required. One MUST have supervised your work.

<table>
<thead>
<tr>
<th>Name</th>
<th>Company Name and Location</th>
<th>Position or Title</th>
<th>Phone</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

PROFESSIONAL SOCIETIES

<table>
<thead>
<tr>
<th>Name</th>
<th>Year Joined</th>
<th>Member Grade Attained</th>
<th>Offices Held</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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 Re-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.)

________________________________________________________

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!