



PROGRAM OF CERTIFICATION

SOCIETY OF BROADCAST ENGINEERS, INC.
 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
 Website: www.sbe.org

SBE LIFE CERTIFICATION APPLICATION

LIFE CERTIFICATION: If you are currently 59½ years of age and are retired from regular full-time employment, currently certified by the SBE and a current member upon application, you may be granted certification for life, if you so request. There is a processing fee of \$55 per certification, which must be included with the application.

LIFE CERTIFICATION: If you are currently 59½ years of age and currently holding Certified Professional Broadcast Engineer (CPBE), Certified Senior Radio Engineer (CSRE) or Certified Senior Television Engineer (CSTE) and have maintained SBE certification continuously for TWENTY years and a current member of the SBE upon application, you may be granted certification for life. There is a processing fee of \$55 per certification, which must be included with the application.

If you feel that you qualify under one of the above provisions for **LIFE CERTIFICATION**, please complete the following information, sign, date and return this application to the SBE National office.

NAME: _____ BIRTH DATE: _____

ADDRESS: _____ MEMBERSHIP #: _____

CITY: _____ CHAPTER #: _____

STATE: _____ ZIP: _____ RETIREMENT DATE: _____

DAYTIME PHONE NUMBER: _____ CERTIFICATION LEVEL(S): _____

E-MAIL ADDRESS: _____ CERTIFICATION #(S): _____

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

I am requesting life certification as provided by the SBE Program of Certification. I have included the \$55 processing fee (per certification).

 Signature Date

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).

NATIONAL CERTIFICATION COMMITTEE ACTION

Approved Disapproved Date: _____ Signature: _____