



# Certified Radio Operator Recertification Application

I wish to recertify as a Radio Operator – Fee: \$53

## SOCIETY OF BROADCAST ENGINEERS

9102 N. Meridian Street, Suite 150  
Indianapolis, IN 46260  
Phone (317) 846-9000  
Fax (317) 846-9120

Send application Attn: Certification Director  
(Please type or print)

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

Certified Broadcast Technologist  AM/FM  Television  
Member Fee:  \$59 **Non-Member:**  \$144 **Non-MemberPlus:**  \$234

### Requires five (5) years experience:

Certified Audio Engineer  Certified Video Engineer  
 Certified Broadcast Radio Engineer  Certified Broadcast Television Engineer  
 MEMBER FEE\*: \$73  **NON-MEMBER FEE: \$158** **Non-MemberPlus: \$248**

### Requires 10 years experience:

Certified Senior Broadcast Radio Engineer  
 Certified Senior Broadcast Television Engineer  
 MEMBER FEE\*: \$98  **NON-MEMBER FEE: \$183** **Non-MemberPlus: \$273**

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).

Mr.  Mrs.  Ms. (optional)

\_\_\_\_\_  
Last Name First MI Home Phone (\_\_\_\_\_) \_\_\_\_\_

\_\_\_\_\_  
Mailing Address Business 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)

**NOTE: This Recertification for Radio Operator requires a statement from your supervisor verifying your service for the period indicated.**

Supervisor: Please provide statement as to dates of service and pertinent information.

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Signature: \_\_\_\_\_ Title: \_\_\_\_\_ Date: \_\_\_\_\_

ADDITIONAL INFORMATION REQUESTED ON REVERSE SIDE

## NATIONAL CERTIFICATION COMMITTEE ACTION

Approved  Disapproved Date: \_\_\_\_\_ Letter/Card/Seal sent \_\_\_\_\_

Comment: \_\_\_\_\_

Signature: \_\_\_\_\_

## 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.

From Month Yr.	To Month Yr.	Company Name and Location	Position or Title	Immediate Supervisor

## TRAINING

I have attended the following classes to further my career.

From Month Yr.	To Month Yr.	Type of Training	Hours of Completion	Facility Where Held

## SPECIAL ACHIEVEMENTS

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


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

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

Company	Employer Name	Title
Address	City	State      Zip

**If taking an exam, Non-Member fee includes optional membership in SBE through March 31 of the following year.**

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

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

\_\_\_\_\_

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.

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

\_\_\_\_\_  
Date

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

**RETAIN A COPY OF YOUR APPLICATION!**