

APPLICATION FOR CERTIFICATION



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

Certified Broadcast Radio Engineer Certified Audio Engineer
 Certified Broadcast Television Engineer Certified Video Engineer
 Member Fee*: \$60 **Non- Member Fee:** \$126

Certified Senior Broadcast Radio Engineer Certified Senior Broadcast Television Engineer
 Member Fee*: \$85 **Non- Member Fee:** \$151

Student fee: deduct \$46 from non-member fee.



**SOCIETY OF
BROADCAST ENGINEERS**

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)

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).

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.

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) <i>optional</i>	
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.**

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

EDUCATION

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

From Mo Yr	To Mo Yr	College, University or Technical Institute	Credits or Yrs Compl	Course or Major	Degree

ADDITIONAL INFORMATION REQUESTED ON REVERSE SIDE

NATIONAL CERTIFICATION COMMITTEE ACTION

Approved Disapproved Date: _____

Comment: _____

Senior Essay Question # _____

Signature: _____

ADMISSIONS COMMITTEE ACTION

Approved Disapproved Grade: _____

Comment: _____

Signature: _____ Date: _____

Appl Notified: _____ Records: _____

