SBE CERTIFIED BROADCAST TECHNOLOGIST (CBT) and SBE CERTIFIED PRODUCTION TECHNOLOGIST (CPT) Application



		um during the exam session undio Video		SOCIETY OF BROADCAST ENGINEERS 9102 North Meridian Street, Suite 150			
		m during the exam session M/FM Television	on: S	BC =	s, IN 46260	t, Suite 150	
(Copy o		License Radio Telephone, Amateur Extra license accompany application)	or SBE	Fax: 317-8			
No	m- Member: \$14	ember Fee: \$59 41 Non-MemberPlus: \$231	(Dloope	oplication Attn: Certificat type or print)	ion Director		
•	lethod: Check	, , ,	erican Express	MasterCard Visa			
Credit Card Jame on C		Billing Addre			curity Code^		
		f card to the right of the (partial) card number (fo					
	provided in this app	nal membership in SBE through March 31 lication will be used to determine eligibility (optional)		ear (See back for more i	nformation).		
ast Nam	e	First	ľ	() MI Primary Ph	one		
Mailing Ad	ddress			(Secondary	 Phone		
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City		State	Zip Code	Fax Number	er		
Place of E	Employment	Da	ate Employed	Date of Birt	h (MM/DD/YY) d	pptional	
Current Jo	ob Title	Type of Facility		E-mail Add	E-mail Address		
Descriptio	n of Duties						
Γotal year	s of responsible E	ingineering Experience:	Radio	TV Other (chec	k all that app	oly)	
of specializ	ation under "Position	nning with the most recent, all formal expens." Please do not limit yourself to the space your application. ATTACH A BRIEF DES	erience in Broadcas es below. The more	st Engineering or related e details you give us ab	d employment. out your backg	Indicate field(round the eas	
From Mo Yr	To Mo Yr			Position or Title		Immediate Supervisor/Contact	
Fron	MUST		ATION of the experience of	roguirom and an 155 and	don for Otes!	ot Morels!	
From Mo Yr	To Mo Yr	ny application if substituting education for part of College, University or Technical Institute	Credits or Yrs Comp	•		Degree	
	<u> </u>	ADDITIONAL INFORMATION RE	EQUESTED ON	REVERSE SIDE		1	
		TION COMMITTEE ACTION		ONS COMMITTEE			
Approve	a ⊔ Disapproved	Date:	☐ Approved	☐ Disapproved Grad	e:		



REFERENCES

Three required. One MUST have supervised your work

Name	Company Name	and Location	Position or Title	Phone					
	DDAF	ESSIONAL SOCI	ETIEC						
Na		Year Joined	Member Grade Attained	Offices Held					
		Tour comea	momoor Grado / Maniou	- Cilioco Fiola					
	OTHER PROFESSION		AD CEDTIFICATES						
	UITIER PRUFESSI	UNAL LICENSES	OR CERTIFICATES						
		CIAL ACHIEVEMI							
List awards, patei	nts, books, articles, short cou	irses, seminars related	to broadcast-communications tec	chnology, etc.					
SBE MEMBERSI	HIP: YES Lwish	n to take advantage o	of the ontional SRF members	nin included in the					
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		ular Member Ass		ment (former #)					
	-		r, dean, department chair, reg						
		-							
	use to verify your student status: Name								
Sponsor's Name/Who intro	duced you to SBE? (option	onal):							
			urposes, but may be deductible as a b						
ODE COUNTR	ates that 170 of your dues are not	deductible because of OBE	. 3 lobbying dollvides on bondin or its in	CHIDOIS.					
If you are applying for Certific	cation by Examination, t	he Certification Chai	r of your local chapter should	be notified. The closest					
SBE Chapter is:									
Have you ever been convic	ted of a felony? No	Yes If yes, desc	cribe in full. <i>(Use additional p</i>	aper if necessary.)					
Upon certification, please not	ify my employer: No	Yes If yes, com	plete name, title and address	below:					
EMPLOYER NAME		TITLE		COMPANY					
EIVIFLOTER NAIVIE		IIILE		COMPAINT					
ADDRESS		CITY	STAT	E ZIP					
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 sbe.org).									
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Date	Sigr	nature (in ink)							
			RETAIN A COPY OF Y	OUR APPLICATION!					

NOTE: If you maintain SBE membership throughout your certification period (5 years), you will receive a 10% discount on recertification.