



LIFE CERTIFICATION

SOCIETY OF BROADCAST ENGINEERS

The Association for Broadcast and Multimedia Technology Professionals
9102 North Meridian Street, Suite 150 Phone: 317-846-9000
Indianapolis, IN 46260 Fax: 317-846-9120

Send application **ATTN: Certification Director**
(Please type or print)

You may qualify for Life Certification by two ways:
(Please check only one below)

If you are retired from full-time employment, currently certified at any level by the SBE, a current member upon application and are at least 59½ years old.

If you currently hold CPBE, CSRE, CSTE, are at least 59½ years old and have 20 continuous years of SBE certification.

- FEES ARE PER CERTIFICATION
 - CHECK ALL THAT APPLY
- Certified Radio Operator (CRO) \$62
Certified Television Operator (CTO) \$62
-
- Certified Broadcast Technologist (CBT) \$69
Certified Production Technologist (CPT) \$69
-
- Certified Broadcast Networking Technologist (CBNT) \$78
-
- Certified Audio Engineer (CEA) \$88
Certified Video Engineer (CEV) \$88
Certified Broadcast Radio Engineer (CBRE) \$88
Certified Broadcast Television Engineer (CBTE) \$88
-
- Certified Broadcast Networking Engineer (CBNE) \$101
-
- Certified Senior Radio Engineer (CSRE) \$113
Certified Senior Television Engineer (CSTE) \$113
-
- Certified Professional Broadcast Engineer (CPBE) \$138
-
- Specialist Certifications (please check all that apply)
8-VSB AMD ATSC3 DRB (no fee)

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).

If 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): _____

Email Address: _____

Signature _____ Date _____

NATIONAL CERTIFICATION COMMITTEE ACTION

Approved Disapproved Date: _____

Signature: _____