



Certified Television Operator Recertification Application Certified Radio Operator Recertification Application

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

**Recertify as a Television Operator – Fee: \$62
Recertify as a Radio Operator – Fee: \$62**

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

Payment Method: <input type="checkbox"/> Check	<input type="checkbox"/> Money Order (payable to SBE)	<input type="checkbox"/> American Express	<input type="checkbox"/> MasterCard	<input type="checkbox"/> Visa	Total: \$ _____
Credit Card # _____	Exp. Date _____	Security Code^ _____			
Name on Card (if different) _____		Email address for receipt (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 Television or 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.

Signature: _____ Title: _____ Date: _____

ADDITIONAL INFORMATION REQUESTED ON REVERSE SIDE

NATIONAL CERTIFICATION COMMITTEE ACTION
 Approved Disapproved Date: _____
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

SBE MEMBERSHIP: YES, I wish to take advantage of the optional SBE membership. Please fill out the SBE Membership application included on the SBE Website.

I am already an SBE Member, # _____

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).

Date

Signature (in ink)

RETAIN A COPY OF YOUR APPLICATION!