## Al Udeid Air Base Education Center DSN 318-437-0071 al\_udeidbtes@auab.afcent.af.mil



## AFCT – Armed Forces Classification Test

|  | Applicant Info                               | rmation   |
|--|--|---|
| Full Name:   |  | DOB:  |
| Last   | First  | M.I.  |
| Assigned Base:   |  |   |
| Owning MPS (AF) or Personnel   | Office (USA/USN/USMC)                        |   |
|  |  |   |
| Military Email:  | Civilia                                      | ian Email   |
| Social Security :  |  |   |
| Branch of Service:   |  |   |
| Have you taken the AFCT previo   | YES NO USIY? How                             |   |
| many times have you taken the A  | AFCT? If yes,                                | when?   |
| Location that you took previous t  | est at:                                      |   |
| Reason why the test is needed:   |  |   |
|  |  |   |
|  |  |   |
|  |  |   |
|  | Disclaimer and S                             | Signature   |
| I certify that my answers a  | are true and complete to the best o          |   |
| I understand that false or misleading information may lead to punishment under UCMJ. |  |   |
| I understand I am only allowed to take the AFCT 4 times in my career.                |  |   |
| I understand that if I score that position.  | e below the required numbers for i           | my current position in the military, I may be removed for |
| I understand that only the   | most recent AFCT scores will be              | reflected in the system.                                  |
| Signature:   |  | Date:   |
| Mari   | Army must have<br>nes must have Memorandum s |   |
| Date test administered: Examiner's Initials:   |  |   |