



U.S. AIR FORCE

AFOQT – Air Force Officer Qualification Test

Applicant Information

Full Name: _____ Date: _____
Last First M.I.

Assigned Base: _____

Owning MPS (AF) or Personnel Office (USA/USN/USMC)

Military Email: _____ Civilian Email _____

Social Security : _____ Do you have a Bachelor's Degree? Yes No

Branch of Service: _____ If not what is your estimated graduation date? _____

Have you taken the AFOQT previously? YES NO **If you cannot provide the score sheet or the testing location, you cannot retest**

How many times have you taken the AFOQT? _____ If yes, when? _____

Location that you took previous test at: _____

Reason why the test is needed: _____

Disclaimer and Signature

- ____ I certify that my answers are true and complete to the best of my knowledge.
- ____ I understand that false or misleading information may lead to punishment under UCMJ.
- ____ I understand I am only allowed to take the AFOQT 3 times in my career. * **see AFI-36-2664 for 3rd time**
- ____ I understand that there is a super score system. * **see AFI-36-2664**

Signature: _____ Date: _____

Date test administered: _____
Examiner's Initials: _____