

Al Udeid Air Base
Education Center
DSN 318-437-0071
al_udeidbtes@auab.afcent.af.mil

DLPT –Defense Language Proficiency Test



Applicant Information

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

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

HOME STATION HOW ACQUIRED (EX: Civ School/DLIFLC/Foreign Res/Home Environment/Self-Study)

COMPONENT (EX: Active Duty, Guard or Reserve)

Military Email: _____ Civilian Email _____

Social Security : _____

Branch of Service: _____

Reason why the test is needed: _____

Disclaimer and Signature

Please initial below

___ *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 that I must wait 180 days to retest in ANY language.*

Signature: _____ Date: _____

Date test administered: _____

Examiner's Initials: _____