

CUI

THIS INFORMATION IS SUBJECT TO THE PRIVACY ACT OF 1974

Last		First	MI	SSAN (write clearly)	1st Date/Time Choice (see bottom) /
Grade	Service	Phone	Unit	Email	2nd Date/Time Choice (see bottom) /
IAW DAFMAN 36-2664, para 14.2.15.4. Examinees must wear an authorized uniform or the uniform of the day [OCP or PTG] when testing. You must present your CAC upon checking in.				Signature	NOT VALID UNTIL SIGNED

Test Selection		
AFCT		
AFOQT		
CDC		Complete CDC block below. Include Supervisor Slip and screenshot of active MyLearning enrollment.
DLAB		
DLPT		Language Reading/Listening
FAA		Test Name
Hazmat/JST/LOG-R		Test Name
Other		Specify

CDC	I certify that a comprehensive review was completed and documented in the member's training record on _____. Supervisor Signature: MUST SIGN FOR CDCs ONLY
Course Number (include Set and Edit Code if applicable)	
E-mail address of examinee (@us.af.mil – No AFCENT e-mail)	

CDC/HazMat/Log-R/Weight & Balance/AFCT/DLAB/DLPT	TBAS/TAPAS/FAA/EDPT	AFOQT
0830 & 1330 Tuesday	1200 1 st /3 rd Thursday by request	1200 2 nd /4 th Thursday

NOTICE: This is an official military appointment and any no-shows (1-minute past test time) will be reported to your First Sergeant.

First Sergeant's Name:

Send electronic exam request forms to al_udeidbtes@auab.afcent.af.mil

PLEASE ALLOW AT LEAST 72 HOURS FOR SCHEDULING. Contact 318-455-6543/6544 for any questions.

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