

TEST ADMINISTRATION AND RESULTS

Name (Last, First, MI)		Grade & SSAN	Date
Home Address	Phone	Business Address	Phone
From (Unit)		TO (ADMIN HQ)	

REQUEST NAMED INDIVIDUAL BE TESTED AS CHECKED BELOW

_____ AFQT	_____ OQI	_____ OCT (GT Score _____)
_____ AQB	_____ OLB	_____ Other (Specify _____)

FOR THE PURPOSE OF

Typed name, grade & branch of requesting officer	Signature
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FOR USE OF OFFICER ADMINISTERING TEST

SUBJECT INDIVIDUAL WAS ADMINISTERED TESTS AS SHOWN BELOW

Date	Time	Place	Test
			_____ AFQT (*)
			_____ AQB (*) _____ OQI
			_____ OCT (*) _____ OLB
* Indicate edition			

Typed name, grade & branch of testing officer or board president	Signature
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FOR USE OF THE OFFICER SCORING TEST

AFQT _____	OLB #1 _____	APTITUDE AREA SCORES	CO _____	OF _____	GM _____
OCT _____	#2 _____		FA _____	EL _____	MM _____
OQI _____	#3 _____		CL _____	GT _____	ST _____
			SC _____	AFQT _____	

Typed name, grade, & branch of officer scoring test	Signature
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Distribution:

- 1 - Unit Commander (Original)
- 1 - DODNJ, Trenton (1st Copy)
- 1 - SAA, Trenton (2d Copy)
- Other _____