

FOREIGN LANGUAGE OPI REQUEST

EXAMINEE INFORMATION

NAME OF CANDIDATE (Last, First, MI):

DODID NUMBER (Listed on the back of your CAC the request cannot be processed without it):

BRANCH OF SERVICE:

SPECIAL OPERATIONS FORCES:	YES		NO	
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REQUESTED LANGUAGE:

IS EXAMINEE A LINGUIST?

LANGUAGE CODED BILLET?		If Yes, Control/Primary Language	
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FIRST TIME TESTING REQUESTED LANGUAGE		If Yes, Control/Primary Language	
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EXPIRATION DATE OF FLPP ENTITLEMENT IF APPLICABLE:

TEST SITE INFORMATION:

NAME OF TCO: ALVIN L PAYNE

TEST SITE ID NUMBER: 1700

TEST SITE LOCATION (Base and State/Country): ROBINS AFB GA/USA

COMMERCIAL PHONE OF TCO: (478) 926-1529

EMAIL OF TCO : alvin.payne@us.af.mil	DSN: 468-1529
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ADDITIONAL E-MAIL ADDRESS (Mandatory): alvin.payne@us.af.mil

COMMERCIAL PHONE NUMBER THAT THE OPI WILL BE CONDUCTED ON:
(478) 926-1529

Note: The above phone number must be under the control and supervision of the installation testing personnel; and may not be in the examinee's living quarters, unit, or workplace. DO NOT USE cellphones as testing number.

All requests **MUST** be submitted 30 to 60 days prior to expiration of FLPP entitlement

Test will be cancelled if no confirmation is received at least 24 hours prior to test date

JUSTIFICATION FOR REQUESTING TEST :

DATES NOT AVAILABLE TO TEST: