

# CALENDAR YEAR 2019

## ARMED FORCES CLASSIFICATION TEST (AFCT) REQUEST FORM FOR NAVY PERSONNEL

John A. Lejeune Education Center – Testing Department (Rm 120) – 825 Stone Street – Camp Lejeune, NC  
910-451-3092 – paul.parker@usmc-mccs.org

**PRIVACY ACT STATEMENT** Under AUTHORITY of 10 USC 133 and 3013; and E.O. 8397  
**PRINCIPAL PURPOSE FOR AFCT:** To collect and measure an individual's aptitude for re-enlistment, re-classification, or training as a commissioned or warrant officer for assignment to various military positions. **DISCLOSURE:** Completing this form is mandatory. Your social security number (SSN) is used to verify that you haven't taken the AFCT within the last 6 months. Should you fail to answer any or all of these personal questions, you may not be able to take the AFCT test.

Instructions: Complete and submit this form to Lifelong Learning Camp Lejeune/MCAS New River  
This form **MUST BE SUBMITTED PRIOR TO THE DAY OF THE TEST**. Print legible and with black ink.

### MILITARY PERSONAL INFORMATION

Rank		LAST Name		FIRST Name		MI:
EDIPI			UNIT			
WORK#			CELL#			
EMAIL ADDRESS						

3. Military Members are required to provide a copy of old AFCT test scores from their records.

#### AFCT TESTING DATES

TEST TIME-0730 (The test is administered on Mondays)

Jan- *2*, 7, 14, *22*, 28	Feb- 4, 11, *19*, 25	Mar- 4, 11, 18, 25	Apr- 1, 8, 15, 22, 29
May- 6, 13, 20, *28*	Jun- 3, 10, 17, 24	Jul- 1, 8, 15, 22, 29	Aug- 5, 12, 19, 26
Sep- *3*, 9, 16, 23, 30	Oct- 7, *15*, 21, 28	Nov- 4, *12*, 18, 25	Dec- 2, 9, 16, 23, 30

\* ICAT-AFCT MOVED TO NEXT AVAILABLE DAY--DUE TO HOLIDAY\*

1. The other military services testing coordinators should provide guidance for their service members to retest at the John A Lejeune Education Center.

2. All enlisted service members must obtaining authorization from his/her command to retake the AFCT; with a printout of the military member's AFCT test scores must accompany the request.

### 5. Required Signature For The In-Service Retest Of The (AFCT).

Applicant's Signature:	Date:	
Print Name & Rank of SNCOIC or LPO:	Signature:	Date:
*Email address:		
Print Name & Rank of OIC:	Signature:	Date:
*Email address:		
Print Name & Rank of Commanding Officer:	Signature:	Date:

