

**PERSONNEL ACTION**

For use of this form, see AR 600-8-6 and DA PAM 600-8-21; the proponent agency is ODCSPER

**DATA REQUIRED BY THE PRIVACY ACT OF 1974**

**AUTHORITY:** Title 5, Section 3012; Title 10, USC, E.O. 9397.  
**PRINCIPAL PURPOSE:** Used by soldier in accordance with DA PAM 600-8-21 when requesting a personnel action on his/her own behalf (Section III).  
**ROUTINE USES:** To initiate the processing of a personnel action being requested by the soldier.  
**DISCLOSURE:** Voluntary. Failure to provide social security number may result in a delay or error in processing of the request for personnel action.

1. THRU (Include ZIP Code) BRIGADE LEVEL S-1 or HIGHER ADDRESS (must be included for personnel records to be updated)	2. TO (Include ZIP Code) Army Education Center ATTN: IMPC-HI-HR-ED Tripler AMC, HI 96859	3. FROM (Include ZIP Code) YOUR UNIT ADDRESS AND TELEPHONE NUMBER
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**SECTION I - PERSONAL IDENTIFICATION**

4. NAME (Last, First, MI) YOUR NAME	5. GRADE OR RANK/PMOS/AOC YOUR PAY GRADE OR RANK & PMOS	6. SOCIAL SECURITY NUMBER 123-45-6789
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**SECTION II - DUTY STATUS CHANGE (AR 600-8-6)**

7. The above soldier's duty status is changed from \_\_\_\_\_ to \_\_\_\_\_ effective \_\_\_\_\_ hours, \_\_\_\_\_

**SECTION III - REQUEST FOR PERSONNEL ACTION**

8. I request the following action: (Check as appropriate)

<input type="checkbox"/> Service School (Enl only)	<input type="checkbox"/> Special Forces Training/Assignment	<input type="checkbox"/> Identification Card
<input type="checkbox"/> ROTC or Reserve Component Duty	<input type="checkbox"/> On-the-Job Training (Enl only)	<input type="checkbox"/> Identification Tags
<input type="checkbox"/> Volunteering For Oversea Service	<input type="checkbox"/> Retesting in Army Personnel Tests	<input type="checkbox"/> Separate Rations
<input type="checkbox"/> Ranger Training	<input type="checkbox"/> Reassignment Married Army Couples	<input type="checkbox"/> Leave - Excess/Advance/Outside CONUS
<input type="checkbox"/> Reassignment Extreme Family Problems	<input type="checkbox"/> Reclassification	<input type="checkbox"/> Change of Name/SSN/DOB
<input type="checkbox"/> Exchange Reassignment (Enl only)	<input type="checkbox"/> Officer Candidate School	<input checked="" type="checkbox"/> Other (Specify) <b>REQUEST (TEST NAME)</b>
<input type="checkbox"/> Airborne Training	<input type="checkbox"/> Asgmt of Pers with Exceptional Family Members	

9. SIGNATURE OF SOLDIER (When required) YOUR SIGNATURE (certifies all info is correct and true)	10. DATE (YYYYMMDD) 20081112
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**SECTION IV - REMARKS (Applies to Sections II, III, and V) (Continue on separate sheet)**

Request the following Army Personnel Test: **DLPT - SPECIFY LANGUAGE**  
Date of last test: (Required for all tests. If you have never taken this test before, state that it will be an initial test.)  
How you acquired the language: Choose one or more of the following: Civilian School, DLI, Foreign Residence, Home Environment, Military (NOT DLI) or Self Study.  
AKO E-mail address: (Required to set up appointment)  
Unit S-1 or CLPM verify eligibility requirements. S-1 or CLPM Name, rank, and signature here  
\*\*\*\*\*

**THIS SECTION FOR YOUR INFORMATION ONLY**

Service members, to include commanders, may not verify (sign) their own DA4187 request for Army Personnel Testing. **FALSIFYING ANY INFORMATION ON THIS FORM IS PUNISHABLE UNDER UCMJ**

TEST TIMES: DLPT I, II, III and DLRPT: Mondays @ 0745  
DLPT IV or 5: Tuesday and Wednesday @ 0745 (YOU MUST BE ABLE TO MAKE IT BOTH DAYS)  
Service members **MUST BE PRE-REGISTERED** for these exams. AKO e-mail required to set up appointments.  
---PLEASE VIEW LIST OF LANGUAGES TO DETERMINE YOUR TESTING NEEDS.  
---COMMANDER MUST CHECK "IS APPROVED" BOX IN ORDER TO TEST. Digital signatures will not be accepted.

**SECTION V - CERTIFICATION/APPROVAL/DISAPPROVAL**

11. I certify that the duty status change (Section II) or that the request for personnel action (Section III) contained herein -

HAS BEEN VERIFIED     RECOMMEND APPROVAL     RECOMMEND DISAPPROVAL     IS APPROVED     IS DISAPPROVED

12. COMMANDER/AUTHORIZED REPRESENTATIVE COMMANDER'S PRINTED NAME & RANK	13. SIGNATURE COMMANDER'S SIGNATURE	14. DATE (YYYYMMDD) 20081112
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SAMPLE

Sample

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8. I request the following action: (Check as appropriate)

<input type="checkbox"/> Service School (Enl only)	<input type="checkbox"/> Special Forces Training/Assignment	<input type="checkbox"/> Identification Card
<input type="checkbox"/> ROTC or Reserve Component Duty	<input type="checkbox"/> On-the-Job Training (Enl only)	<input type="checkbox"/> Identification Tags
<input type="checkbox"/> Volunteering For Oversea Service	<input type="checkbox"/> Retesting in Army Personnel Tests	<input type="checkbox"/> Separate Rations
<input type="checkbox"/> Ranger Training	<input type="checkbox"/> Reassignment Married Army Couples	<input type="checkbox"/> Leave - Excess/Advance/Outside CONUS
<input type="checkbox"/> Reassignment Extreme Family Problems	<input type="checkbox"/> Reclassification	<input type="checkbox"/> Change of Name/SSN/DOB
<input type="checkbox"/> Exchange Reassignment (Enl only)	<input type="checkbox"/> Officer Candidate School	<input checked="" type="checkbox"/> Other (Specify) REQUEST APT
<input type="checkbox"/> Airborne Training	<input type="checkbox"/> Asgmt of Pers with Exceptional Family Members	

9. SIGNATURE OF SOLDIER (When required) YOUR SIGNATURE (certifies all info is correct and true)	10. DATE (YYYYMMDD) 20081112V
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**SECTION IV - REMARKS (Applies to Sections II, III, and V) (Continue on separate sheet)**

Request the following Army Personnel Test: AFCT  
Current GT Score: Required for AFCT/ASVAB  
Date of last test: Required for all tests. If you have never taken this test AFTER your initial enlistment, state that it will be your initial test.

AKO E-mail address: (Required to set up appointment)  
Unit S-1 must verify eligibility requirements. S-1 name, rank, and signature here  
\*\*\*\*\*

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TEST TIME for ASVAB/AFCT: Thursday @ 0745 by appointment notification made to service member's AKO e-mail address.

COMMANDER MUST CHECK "IS APPROVED" BOX IN ORDER TO TEST. DIGITAL SIGNATURES WILL NOT BE ACCEPTED.

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11. I certify that the duty status change (Section III) or that the request for personnel action (Section III) contained herein -

HAS BEEN VERIFIED     RECOMMEND APPROVAL     RECOMMEND DISAPPROVAL     IS APPROVED     IS DISAPPROVED

12. COMMANDER/AUTHORIZED REPRESENTATIVE COMMANDER'S PRINTED NAME & RANK	13. SIGNATURE COMMANDER'S SIGNATURE	14. DATE (YYYYMMDD) 20081112
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SAMPLES

SAMPLES

Circle the appropriate copy designator

Copy 1

Copy 2

Copy 3

Copy 4

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effective \_\_\_\_\_ hours, \_\_\_\_\_

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8. I request the following action: (Check as appropriate)

Service School (Enl only)	Special Forces Training/Assignment	Identification Card
ROTC or Reserve Component Duty	On-the-Job Training (Enl only)	Identification Tags
Volunteering For Oversea Service	Retesting in Army Personnel Tests	Separate Rations
Ranger Training	Reassignment Married Army Couples	Leave - Excess/Advance/Outside CONUS
Reassignment Extreme Family Problems	Reclassification	Change of Name/SSN/DOB
Exchange Reassignment (Enl only)	Officer Candidate School	Other (Specify) <input checked="" type="checkbox"/> REQUEST APT
Airborne Training	Asgmt of Pers with Exceptional Family Members	

9. SIGNATURE OF SOLDIER (When required) YOUR SIGNATURE (certifies all info is correct and true)	10. DATE (YYYYMMDD) 20081112V
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**SECTION IV - REMARKS (Applies to Sections II, III, and V) (Continue on separate sheet)**

Request the following Army Personnel Test: AFAST  
Current GT Score: Required for AFAST Your GT MUST be at least 110 to take the AFAST test.  
Date of last test: Required for all tests. If you have never taken this test before, state it will be your initial test. If you have taken this test before, provide your previous score.  
AKO E-mail address: (Required to set up appointment)  
Unit S-1 must verify eligibility requirements. S-1 name, rank, and signature here

\*\*\*\*\*  
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**FALSIFYING ANY INFORMATION ON THIS FORM IS PUNISHABLE UNDER UCMJ**  
TEST TIME for AFAST: 1st & 4th Friday @ 1315 by appointment notification made to service member's AKO e-mail address.  
Review DA Pam 611-256-2 - you will be required to verify that you have reviewed this pamphlet.  
**COMMANDER MUST CHECK "IS APPROVED" BOX IN ORDER TO TEST. DIGITAL SIGNATURES WILL NOT BE ACCEPTED.**

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HAS BEEN VERIFIED     RECOMMEND APPROVAL     RECOMMEND DISAPPROVAL     IS APPROVED     IS DISAPPROVED

12. COMMANDER/AUTHORIZED REPRESENTATIVE COMMANDER'S PRINTED NAME & RANK	13. SIGNATURE COMMANDER'S SIGNATURE	14. DATE (YYYYMMDD) 20081112
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SAMPLE

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ROTC or Reserve Component Duty	On-the-Job Training (Enl only)	Identification Tags	
Volunteering For Oversea Service	Retesting in Army Personnel Tests	Separate Rations	
Ranger Training	Reassignment Married Army Couples	Leave - Excess/Advance/Outside CONUS	
Reassignment Extreme Family Problems	Reclassification	Change of Name/SSN/DOB	
Exchange Reassignment (Enl only)	Officer Candidate School	Other (Specify) <b>REQUEST APT</b>	X
Airborne Training	Asgmt of Pers with Exceptional Family Members		

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**SECTION IV - REMARKS (Applies to Sections II, III, and V) (Continue on separate sheet)**

Request the following Army Personnel Test: DLAB  
 Date of last test: Required for all tests. If you have never taken this test before, state it will be your initial test. If you have taken this test before, provide your previous score.  
 AKO E-mail address: (Required to set up appointment)  
 Unit S-1 must verify eligibility requirements. S-1 name, rank, and signature here  
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TEST TIME for DLAB: 2d & 3d Friday @ 1315 by appointment notification made to service member's AKO e-mail address.

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Reassignment Extreme Family Problems	Reclassification	Change of Name/SSN/DOB
Exchange Reassignment (Enl only)	Officer Candidate School	X Other (Specify) REQUEST SPECIAL APT
Airborne Training	Asgmt of Pers with Exceptional Family Members	

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**SECTION IV - REMARKS (Applies to Sections II, III, and V) (Continue on separate sheet)**

Request the following Army Personnel Test: OPI - SPECIFY LANGUAGE  
 Justification for requesting exam: (mission specific, receiving FLPP pay)  
 Date of last test: Required for all tests. If you have never taken this test before, state it will be your initial test.  
 AKO E-mail address: (Required to set up appointment)  
 Unit S-1 or CLPM must verify eligibility requirements. S-1 or CLPM name, rank, and signature here  
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TEST TIME by appointment notification made to service member's AKO e-mail address.

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STAMP

STAMP

# FOREIGN LANGUAGE OPI REQUEST

## EXAMINEE INFORMATION

NAME OF CANDIDATE (Last, First, MI):

SOCIAL SECURITY NUMBER (SSN):

BRANCH OF SERVICE:

REQUESTED LANGUAGE:

LAST DLPT DATE ON THIS LANGUAGE:

LISTENING  
SCORE

READING SCORE

LAST SPEAKING TEST DATE ON THIS LANGUAGE:

IS EXAMINEE A LINGUIST?

If Yes, Control/Primary Language

LANGUAGE CODED BILLET?

If Yes, Control/Primary Language

FIRST TIME TESTING REQUESTED LANGUAGE (Yes or No):

EXPIRATION DATE OF FLPP ENTITLEMENT:

## TEST SITE INFORMATION:

NAME OF TCO:

TEST SITE ID NUMBER:

ADDRESS OF TEST SITE (Base and State):

COMMERCIAL PHONE OF TCO:

DSN:

EMAIL OF TCO :

ADDITIONAL E-MAIL ADDRESS (Optional):

COMMERCIAL PHONE NUMBER THAT THE OPI WILL BE CONDUCTED ON:

*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.*

Except for the US Army, all requests must be submitted to DLI, through and approved by the Service Personnel Testing Manager.

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 (One selection ONLY)

FLPP

OTHER (Explain on Remarks Section)

REMARKS (Fully Explain)

ALCPT

Copy 1

Copy 2

Copy 3

Copy 4

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**SECTION IV - REMARKS (Applies to Sections II, III, and V) (Continue on separate sheet)**

Request the following Army Personnel Test: ALCPT

Date of last test: Required for all tests. If you have never taken this test before, state it will be your initial test.

AKO E-mail address: (Required to set up appointment)

Unit S-1 must verify eligibility requirements. S-1 name, rank, and signature here  
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TEST TIME by appointment notification made to service member's AKO e-mail address.

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HAS BEEN VERIFIED     RECOMMEND APPROVAL     RECOMMEND DISAPPROVAL     IS APPROVED     IS DISAPPROVED

12. COMMANDER/AUTHORIZED REPRESENTATIVE COMMANDER'S PRINTED NAME & RANK	13. SIGNATURE COMMANDER'S SIGNATURE	14. DATE (YYYYMMDD) 20081112
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SAMPLE

210-112