

**ARMED FORCES CLASSIFICATION TEST (AFCT) AUTHORIZATION LETTER FOR NAVY
PERSONAL AND PROFESSIONAL DEVELOPMENT EDUCATION**



MCAS CHERRY POINT, NC

252-466-3500

From:	Military Testing Coordinator, Education Assistance Branch, Personal and Professional Development Program, Marine and Family Programs, Marine Corps Community Services, Cherry Point	
To:	Unit Commanders, Cherry Point	
Subj:	CY-2017-18 AUTHORIZATION LETTER FOR THE ARMED FORCE CLASSIFICATION TEST (AFCT) FOR MARINES	
Ref:	(a) MCO 1230.5c	CLASSIFICATION TESTING
Encl:	(1) Information about the AFCT for Marines and listing of dates available for testing.	
	(2) Example of the required letter that is typed by the Command and signed by the Commanding Officer to retest	
	(3) Example of the test score printout sheet from MCTFS	

INFORMATION PERTAINING TO RETAKING THE ARMED FORCE CLASSIFICATION TEST

1. The other military services testing coordinators should provide guidance for their service members to retest at the Cherry Point Education Testing Center.
2. Enclosure (1) has the available dates for the AFCT test.
3. All enlisted service members must obtain authorization from his/her command to retake the AFCT; a printout of the military member's AFCT test scores must accompany the request.
4. The military uniform is OPTIONAL; however the military member must have a valid military ID card to retest.
5. Scheduling is by appointment only.
6. For more information regarding the AFCT test, please contact the Education office (252)-466-3500

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 questions, you may not be able to take the AFCT test.

MILITARY PERSONAL INFORMATION

SSN:	Last Name:	First Name:	MI:
Rank:	EAS: (YYYY/MM/DD)	RUC:	MOS:
CONTACT NUMBER:		WORK NUMBER:	

Email Address:

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

Justification to request an in-service retest of the (AFCT):

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

Applicant Signature:	Date
Print Name & Rank of SNCOIC or LPO:	
Command Signature:	Date