

FOREIGN LANGUAGE OPI REGISTRATION FORM

MCB HAWAII EDUCATION CENTER EXAMINEE INFORMATION

DATE:

NAME OF CANDIDATE (Last, First, MI);

EDIPI:

EMAIL:

PHONE #:

BRANCH OF SERVICE:

COUNTRY OF ORIGIN:

LANGUAGE ACQUISITION CODE:

- Civilian School Course
 Defense Language Institute (DLI)
 Foreign Residence
 Home Environment
 Military School Other than DLI
 Self-study
 Survival level language course

Personnel Category:

- Active Duty Member
 Civilian
 DoD and Uniformed Service Civil
 DoD and Uniformed Service Cont
 Foreign Affiliate
 National Guard Member
 Non-DoD Civil Service Employee
 Non-Federal Agency Civilian Associate
 Reserve Member

SPECIAL OPERATIONS FORCES

YES

NO

REQUESTED LANGUAGE:

LAST DLPT DATE:

DLPT LISTENING SCORE

READING SCORE

LAST SPEAKING TEST DATE ON THIS LANGUAGE:

IS EXAMINEE A LINGUIST? Yes No If Yes, Control/Primary Language

LANGUAGE CODED BILLET? Yes No If Yes, Control/Primary Language

Test Window Start Date (7 days from today):

Test Window End date:

FIRST TIME TESTING REQUESTED LANGUAGE (Yes or No):

EXPIRATION DATE OF FLPP ENTITLEMENT:

JUSTIFICATION FOR REQUESTING TEST (One selection ONLY)

FLPB

OTHER (Explain on Remarks Section)

Remarks:

REASON CODE

09L MOS

2/2 DLPT (USMC only)

3/3 DLPT

351M MOS

35M MOS

ACASP

AFPAK Hands

Air Traffic Controller

CAL

CFLS

Course Graduation Requirement

DLI MLI

DTRA

Enlistment Applicant

FAO

First Time Taker

FLPB

FPS

L3

LEAP

Linguist Billet

NGA

No DLPT Available

Operational Requirement

Physician Assistant

Post Immersion

RAS

Special Operations Forces