

FOREIGN LANGUAGE OPI REGISTRATION FORM

MCB HAWAII EDUCATION CENTER EXAMINEE INFORMATION

EDIPI / DoDID

DATE:

NAME OF CANDIDATE (Last, First, MI);

Rank:

EMAIL:

PHONE #:

BRANCH OF SERVICE and UNIT:

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: