

TEST ADMINISTRATION STATEMENT

For use of this form, see AR 611-5; the proponent agency is DCS, G-1.

FOR IN-SERVICE EXAMINEES ONLY

PRIVACY ACT STATEMENT

AUTHORITY: 10 USC 7013, Secretary of the Army; DoDI 5160.71, DoD Language Testing Program, and Army Regulation 611-5, Personnel and Classification Testing.

PRINCIPAL PURPOSE: To be completed by all Examinees prior to testing to ensure the Examinee is mentally and physically fit to test. See the [System of Records Notice DoD 0005, Defense Training Records, Federal Register - Privacy Act of 1974; System of Records](#).

ROUTINE USES: None. Form will not be disclosed outside the Department of Defense (DoD) routine uses cited on SORN DoD 0005.

DISCLOSURE: Voluntary; however, failure to complete this form, may disqualify examinees from testing.

1. NAME OF EXAMINEE	2. RANK	3. DATE (YYYYMMDD)
4. UNIT OF ASSIGNMENT	5. NAME OF TEST OR BATTERY	
6. NAME OF TEST EXAMINER	7. TEST SITE LOCATION	8. TEST ACCOUNT ID

9. **I understand that I am not required to take the above named test, this date, provided that there are extenuating circumstances such as fatigue, illness, emotional distress, family, or financial problems, etc., which may interfere with my performance in the test; and that the test will be administered at another time acceptable to me, the Test Control Officer concerned, and my unit commander.**

I AM PHYSICALLY AND MENTALLY ABLE TO BE TESTED THIS DATE.

I AM NOT PHYSICALLY AND OR MENTALLY ABLE TO BE TESTED THIS DATE. I WILL BE ADMINISTERED THIS TEST AT ANOTHER TIME.

10. **I certify that I am eligible to take this test because:**

I HAVE NOT TAKEN A DLPT IN THIS LANGUAGE WITHIN THE LAST 9 MONTHS, PER AR 11-6 and AR 611-5.

I HAVE NOT TAKEN THE DLAB WITHIN THE LAST 6 MONTHS, NOR ACHIEVED A SCORE OF 95 OR HIGHER ON A PREVIOUS DLAB TEST, NOR HAVE I TAKEN MORE THAN TWO DLAB TESTS.

I HAVE NOT TAKEN THE SIFT WITHIN THE LAST 45 DAYS, NOR ACHIEVED A PASSING SCORE ON A PREVIOUS SIFT, NOR HAVE I FAILED MORE THAN ONE SIFT TEST.

I HAVE NOT TAKEN THE ASVAB OR THE AFCT WITHIN THE LAST 6 MONTHS.

I HAVE NOT TAKEN THIS ARMY PERSONNEL TEST WITHIN THE LAST 6 MONTHS, PER AR 611-5.

- OR -

I HAVE BEEN GRANTED AN EXCEPTION TO POLICY TO RETEST WITHIN THE ESTABLISHED TIME LIMITATION AND HAVE PROVIDED A COPY OF THE EXCEPTION TO THE TEST CONTROL OFFICER.

Further, I understand that making a false statement on this form may subject me to criminal prosecution under the provisions of Article 107, Uniform Code of Military Justice, or section 1001, Title 18, U.S. Code.

11. SIGNATURE OF EXAMINEE	12. SIGNATURE OF EXAMINER	13. DATE (YYYYMMDD)
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