

FY___ SERIES ECL QUESTIONNAIRE

Please provide the information requested below. Please use the MEMORANDUM FOR RECORD to indicate any TCO or ATCO additions/changes. If TCO is scheduled to rotate, please inform DLIELC/LEAT. If there is no requirement for ECL testing, annotate below and return this form with a Certificate of Destruction (AF Form 1565) for all ECL materials.

SITE NUMBER: _____

TEST CONTROL OFFICER: _____

ALTERNATE TEST CONTROL OFFICERS: _____

MAILING ADDRESS

Activity: _____

Street: _____

City/State/Zip: _____

PHYSICAL ADDRESS (if different from mailing address):

Activity: _____

Street: _____

City/State/Zip: _____

Comm Phone: _____

DSN Phone: _____

Comm FAX: _____

DSN FAX: _____

E-mail: _____

Message Address: _____

FY___ ECL TEST MATERIALS REQUIREMENTS

NUMBER OF ECL FORMS REQUIRED: _____

NUMBER OF TEST BOOKLETS PER FORM: _____

1 CD WILL BE SENT PER FORM.

NUMBER OF ECL ANSWER SHEETS (FORM 6748A) REQUIRED FOR FY___: _____

IS THE ECL ADMINISTERED IN A LANGUAGE LAB? YES _____ NO _____

IF SO, HOW MANY POSITIONS ARE IN THE LAB? _____

REMARKS: _____

PERSON COMPLETING THIS FORM: _____

DATE: _____