

## 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: \_\_\_\_\_

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### 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: \_\_\_\_\_

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## FY\_\_\_ ECL TEST MATERIALS REQUIREMENTS

NUMBER OF ECL FORMS REQUIRED: \_\_\_\_\_

NUMBER OF TEST BOOKLETS PER FORM: \_\_\_\_\_

**UNLESS SPECIFICALLY REQUESTED, AUDIO TAPES WILL NOT BE SENT.  
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: \_\_\_\_\_