

FY__ SERIES ECL REQUEST FORM

Please use the *Memorandum for Record* to indicate any TCO or ATCO additions/changes and **inform DLIELC/EEF if TCO is scheduled to rotate/PCS**. If ECL materials are not required, annotate below and return this form with a *Certificate of Destruction 1025.15(A)* for all ECL materials.

ECL SITE NUMBER: _____

TEST CONTROL OFFICER: _____

ALTERNATE TEST CONTROL OFFICER(S): _____

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__ SERIES TEST MATERIALS REQUEST

NUMBER OF ECL FORMS REQUIRED: _____

NUMBER OF TEST BOOKLETS PER FORM: _____

COPY OF *DLIELC INSTRUCTION 1025.15*: YES ___ NO ___

1 CD WILL BE SENT PER FORM.

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

IS THE ECL ADMINISTERED IN A LANGAUGE LAB? YES ___ NO ___

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

REMARKS: _____

PERSON COMPLETING THIS FORM: _____

DATE: _____