

DEFENSE LANGUAGE APTITUDE BATTERY (DLAB) REQUEST FORM

John A. Lejeune Education Center

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From:	Military Testing Coordinator, Education Assistance Branch, Personal & Professional Development Program, Marine & Family Programs, Marine Corps Community Services, Camp Lejeune
To:	Unit Commanders Camp Lejeune, MCAS New River, and MARSOC.
Subj:	CY-14 DEFENSE LANGUAGE APTITUDE BATTERY (DLAB) REQUEST FORM FOR MILITARY MEMBERS

MARADMIN 733/12: USMC Social Security Number (SSN) Reduction In Use Plan, Phase Three. In accordance with the MARADMIN the use of Electronic Data Interchange Personal Identifier (EDIPI), referred to as the DoD ID number, is the authorized substitute for the SSN. The following guidelines must be strictly adhered to when substituting the DoD ID number for the SSN. The DoD ID number will be used for official DoD business only.

This form MUST BE SUBMITTED PRIOR TO THE DAY OF THE TEST. Print in BLACK INK only.

APPLICANT'S INFORMATION

EDIPI:	Last Name:	First Name:	MI:
Rank:	EAS: (YYYY/MM/DD)	MOS:	RUC:
Military member's unit:		Email:	
Military Members Current Contact Information:	Work Phone:	Cell Phone:	

JUSTIFICATION REQUEST

Lateral Move:	Required DLAB score:
Unit requirement:	Required DLAB score:
Other:	Required DLAB score:

2014 TESTING DATES & SESSIONS (90-minute Computer-based Exam)

1ST Session @ 0730 - 2ND Session @ 0930 - 3RD Session @ 1230

JAN: 6, 13, 27	FEB: 3, 10, 24	MAR: 3, 10, 17, 24, 31	APR: 7, 14, 21, 28	MAY: 5, 12, 19
JUN: 2, 9, 16, 23	JUL: 7, 14, 21, 28	AUG: 4, 11, 18, 25	SEP: 8, 15, 22, 29	OCT: 6, 20, 27
NOV: 3, 10, 17	DEC: 1, 8, 15, 29	Current military ID required! NO MILITARY ID, NO TEST.		

REQUIRED SIGNATURES (*MANDATORY ENTRY)

Applicant's Signature:	Date:	
(Print) Name & Rank of SNCOIC	Signature:	Date:
*Email Address:		
(Print) Name & Rank of OIC:	Signature:	Date:
*Email Address:		

COMMAND OFFICER'S SIGNATURE

(Print) Name & Rank of Commanding Officer:	Signature:	Date:
*Email Address:	Co signature acknowledges the applicant is authorized to take the DLAB exam.	