

DANTES Funded Certification Examination Form for Service Members

SECTION I: APPLICANT INFORMATION

1. Name: (Last, First, M.I.) _____

2. Rank: _____ 3. SSN: _____

4. DOB: (MM/DD/YY) _____ 5. Unit Assignment: _____

6. If Active Duty, but NOT AGR or TAR: (choose one)
 Army Navy Air Force
 Marine Corps Coast Guard Not Applicable

7. If AGR (Active Guard Reserve) or TAR: (choose one)
 Army Navy Air Force
 Marine Corps Coast Guard Not Applicable

8. If Reserve Component: (but not Active, AGR or TAR) (choose one)
 Army National Guard Air National Guard
 Army Navy Air Force
 Marine Corps Coast Guard Not Applicable

SECTION IV: EXAMINATION INFORMATION

1. Type of examination taken:

2. Date administered: (MM/DD/YY) _____

3. Cost of examination:
Note: Registration fees, preparation guides, processing fees, etc., **WILL NOT BE REIMBURSED.**

4. Attach copies of your method of payment (check or money order) and a copy of your **ORIGINAL** test score report.

SECTION II: ADDRESSES

1. Upon receipt of test score report, provide address to which check will be sent.

 _____ Zip Code _____ - _____
 Day Time Phone: DSN CML () _____ - _____

2. Education center name and address:

 _____ Zip Code _____ - _____
 Day Time Phone: DSN CML () _____ - _____

SECTION V: CERTIFICATION

Student

I certify that I sat for the above test and request reimbursement for the cost of the exam.

Signature: _____

Date: (MM/DD/YY) _____

Duty Phone: DSN CML () _____ - _____

Official

I certify that I am the Test Control Officer (TCO) or Alternate TCO and that the above student was counseled and determined eligible to sit for the stated certification examination. Please process for reimbursement.

Signature: _____

Date: (MM/DD/YY) _____

Duty Phone: DSN CML () _____ - _____

DANTES ID Number:

SECTION III: NATIONAL ASSOCIATION

Name and address of National Association:

 _____ Zip Code _____ - _____
 Phone: DSN CML () _____ - _____

Distribution: This copy: Send with copy of test score report to **MA ARNG**, for purpose of reimbursement. Education Office, 50 Maple Street Milford, MA 01757-3604

Important: Read the Privacy Act Statement on the reverse side of this form.