

# ALCPT Approval Request

Approval by DLIELC/EEF (DLI Testing) is required **BEFORE** placing a purchase order.

## User Agreement

User agrees to:

- ❖ Keep all ALCPT materials secured at all times:
  - ✓ Stored in a locked cabinet;
  - ✓ Accounted for by serial number and inventoried annually;
  - ✓ Logged after each use & the log retained for a year;
  - ✓ Handled, transported & administered **ONLY** by authorized personnel at the location to which it was sold.
- ❖ Use the test for the following purposes **ONLY**:
  - ✓ Place students in an ALC program;
  - ✓ Evaluate student progress *at the end* of an ALC level;
  - ✓ Screen candidates for readiness to take the ECL;
  - ✓ Evaluate the English language abilities of local personnel working for, or being considered for positions on overseas US military installations as required by US military service regulations.

- ❖ Prevent duplication (paper, electronic or other) of ALCPT materials.
- ❖ Abide by all provisions of the ALCPT Handbook, including limits on test frequency, proper test rotation, and tracking candidates who are tested.

User understands that:

- ❖ If a contractor loses the original contract for which DLIELC/EEF approved ALCPT use, the contractor is obliged to destroy all forms of the ALCPT.
- ❖ If ALCPTs have been compromised, DLIELC retains the right to refuse sales of new ALCPT forms for a period of up to 3 years.

Failure to abide by these guidelines may result in denial of future ALCPT purchases.

## Contact Information

Date: \_\_\_\_\_

Purchasing organization: \_\_\_\_\_ Country: \_\_\_\_\_

Point of contact: \_\_\_\_\_

Email/phone/(DSN if applicable): \_\_\_\_\_

## Test Program Information

Organization/schoolhouse administering & storing the tests:  
(if different from purchaser) \_\_\_\_\_

City: \_\_\_\_\_ State/Region: \_\_\_\_\_

ALCPT test control officer (TCO): \_\_\_\_\_

Email/phone/(DSN if applicable): \_\_\_\_\_

Test security measures in place: \_\_\_\_\_

Number of sessions per year: \_\_\_\_\_ Max. number tested per session: \_\_\_\_\_

Number of test rooms: \_\_\_\_\_ Seating capacity per room: \_\_\_\_\_

## Request Information

Purpose for ALCPT testing: \_\_\_\_\_

ALCPT Forms (versions) **owned**: \_\_\_\_\_

ALCPT Forms **requested** (max. 10): \_\_\_\_\_ Number of kits per form **requested**: \_\_\_\_\_

Approved By: \_\_\_\_\_

Forms Approved: \_\_\_\_\_

Submit to [DLI.Testing@us.af.mil](mailto:DLI.Testing@us.af.mil)