

NONDISCLOSURE STATEMENT	AFPTs	PROJECT DATE
PRIVACY ACT STATEMENT		
<p><i>AUTHORITY: 10 U.S.C. 8013.</i></p> <p><i>PRINCIPAL PURPOSE: To identify personnel authorized access to specific Controlled Test Material.</i></p> <p><i>ROUTINE USE: To locate personnel for follow-up inquiries subsequent to use of Controlled Test Material.</i></p> <p><i>DISCLOSURE: Disclosure of SSN is voluntary, but its provision is critical to accurately identify and locate personnel and maintain the integrity of the Weighted Airman Promotion System.</i></p>		
<p><i>This certifies that I am aware that all test materials (e.g., item cards, outlines, keys, test copies) associated with Specialty Knowledge Tests (SKTs), Promotion Fitness Examinations (PFEs), or USAF Supervisory Examinations (USAFSEs), whether in draft or final form, are designated Controlled Test Material. I am also aware that all these materials and the information contained therein must be handled and protected in accordance with the instructions contained in AFI 36-2605, including:</i></p> <ul style="list-style-type: none"> <i>-- Never leaving test materials unguarded or unsecured</i> <i>-- Not discussing test content with unauthorized persons</i> <i>-- Not communicating test content over insecure communications media (e.g., the telephone)</i> <i>-- Not reproducing Controlled Test Material on a copy machine</i> <i>-- Not marking reference materials</i> <p><i>I understand that the content of any test material that I have access to may not be revealed to or discussed with any person not specifically designated by the Commander of the Air Force Occupational Measurement Squadron as being authorized access to such information.</i></p> <p><i>I further understand that any deviation from these instructions is considered a compromise or violation of test security and may result in disciplinary action or criminal prosecution under the Uniform Code of Military Justice (applies to military members) or under AFI 36-704 (applies to civilian employees).</i></p>		
NAME (Last, First, Middle Initial)	SSN	GRADE
HOME ORGANIZATION AND STATION	MAJOR COMMAND/AGENCY	DSN
DATE	SIGNATURE	
CERTIFICATION OF WITNESS		
<i>I certify that I have witnessed the above signature which was affixed hereon in my presence.</i>		
DATE	NAME OF WITNESS (Last, First, Middle Initial)	SIGNATURE

DISPOSITION INSTRUCTIONS: DESTROY 5 YEARS AFTER DATE SIGNED/WITNESSED

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About the ITAOP/savePDF Method

The traditional Field-by-Field creation process is extremely ineffective and slow.

The only realistic option to create high-quality forms is the Insert-Text-Anywhere-on-Page (ITAOP) method.

The field creation process is about 10,000 times faster than the traditional method; the list of ITAOP features is not even available for the traditional method.

ITAOP savePDF method proved to be very simple and completely reliable for millions of users all over the world (incl. individuals, companies, organizations, government employees).