**INSTRUCTIONS FOR COMPLETING THE DA FORM 4187**

The following MUST be completed in order to schedule a test:

**Block 1**: ATTN: S-1, Unit Address, including ZIP code and Phone Number

**Block 2**: This is already filled with the Fort Polk Education Center’s Address

|  |
| --- |
| DHR, Education Testing7460 Colorado AveFort Polk, LA 71459 |

**Block 3**: Company Commander’s NAME (Actual Name) and physical Unit Military Address (not postal address/) including ZIP code

**Block 4**: Name of individual requesting the APT Exam

**Block 5**: Grade, Rank, and PMOS/ AOC of the individual requesting the APT Exam

**Block 6**: Full Social Security Number of individual requesting APT Exam

**Block 7**: LEAVE BLANK

**Block 8**: The appropriate box has ALREADY been checked for you

**Block 9**: Signature of individual requesting the APT Exam. This can be either a digital signature or a handwritten signature

**Block 10**: Date individual signed request for APT Exam in BLOCK 9

**SECTION IV**: Fill in all required information in the spaces (BLANKS), if applicable.

**S-1 verification is required**

**Block 11**: the “IS APPROVED” block has already been marked and must remain marked \*\*\*DO NOT MARK ANY OTHER BOX\*\*\*

**Block 12**: Your Company Commander’s printed name including rank

**Block 13**: Your Company Commander’s signature. This can be either a digital signature or handwritten signature

**Block 14**: The date your Company Commander signed the DA Form 4187