From: Commanding Officer, Battalion or Squadron Level
To: Education Officer, Marine Corps Air Station Miramar

Subj: AUTHORIZATION FOR IN-SERVICE RETEST OF THE AFCT ICO RANK, NAME, EDIP, AND MOS

Encl: Certified True Copy of MCTFS TEST Screen

Ref: (a) MCO 1230.5C

1. In accordance with the reference, RANK AND NAME meets the requirements for an in-service retest of the AFCT. RANK AND NAME is applying for NAME OF PROGRAM (MOS ####) and needs to attain AFQT, GT, MM, EL, CL score of SCORE. His/her current score is a CURRENT SCORE and he/she last tested on TEST DATE. Attached is a certified true copy of his/her TEST screen from MCTFS verifying their scores.

2. Point of contact for this request is COMMANDING OFFICER AT BATTALION/SQUADRON LEVEL OR STAFF OFFICER WITH “BY DIRECTION”, UNIT, at PHONE NUMBER

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UNITED STATES MARINE CORPS
UNIT LETTER HEAD AND COMPLETE ADDRESS

IN REPLY REFER TO:
1230
DATE

SAMPLE LETTER