NONDISCLOSURE STATEMENT	Rating	Project Date(s)

Privacy Act Statement

Authority: 10 U.S.C. 8013
Principal Purpose: To identify authorized access to specific Controlled Test Material.
Routine Use: To locate personnel for follow-up inquiries subsequent to use of Controlled Test Material.
Disclosure: Disclosure of SSN is voluntary, but its provision is critical to accurately identify and locate personnel and maintain the integrity of the Navy Advancement System.

This certifies that I am aware that all test materials (e.g., item reports, outlines, keys, test copies) associated with the Navy Advancement System, whether in draft or final form, are designated Controlled Test Material. I am also aware that all of these materials and the information contained therein must be handled and protected in accordance with the instructions contained in the NETPDTC Advancement-in-Rate Examination Development Manual, including:

- Never leaving test materials unguarded or unsecured
- Not discussing test content with unauthorized persons
- Not communicating test content over insecure communications media (e.g., the telephone)
- Not reproducing Controlled Test Material on a copy machine

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 Commanding Officer of Naval Education and Training Professional Development and Technology Center as being authorized access to such information.

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 5 USC 7502, 7512; 5 CFR 752; and CPI 752 (applies to civilian employees).

Name (Last, First, Middle Initial)	SSN	Grade
Home Organization and Station	Major Command/Agency	DSN

Date	Signature

CERTIFICATION OF WITNESS

I certify that I have witnessed the above signature, which was affixed hereon in my presence.

Date	Name of Witness (Last, First, Middle Initial)	Signature

Disposition Instructions: Destroy 5 years after date signed/witnessed

NETPDTC 1418/26 (06-03)

RESET

EMAIL TO: