THIS IS AN IMPORTANT RECORD SAFEGUARD IT.

		I. LAST NAME-FIRST NAME-MIDDLE NAME						2. SERVICE NUMBER AF14723340				3. SOCIAL SECURITY NUMBER		
PERSONAL DATA		CHESTNUT JACOB JOSEPH							0.000		DAY	MONTH	YEAR	
	4. DEPARTMENT, COMPONENT AND BRANCH OR CLASS ATR FORCEREGAF						SSC	RATE OR RANK	E-5	OF RANK	1	O ct	65	
	7. U. S	YES		0		OF 13 D 1 C C				9. DATE OF BIRTH	28	Apr	40	
w	10 a. S	ELECTIVE !	SERVICE	NUMBER	b. SELECTI), SELECTIVE SERVICE LOCAL BOARD NUMBER, CITY, COUNTY, STATE AND ZIP CODE						ATE INDUC		
SELECTIVE SERVICE DATA		NA NA									NA NA	MONTH	YEAR	
TRANSFER OR DISCHARGE S	DIS CHARGE							b. station or installation at which effected Langley AFB, Va.						
	(SDN 900) Expiration of Term of Service							e,AFM 39-10			3	Feb	68	
	4500 SEC POL (TAC)							HONORABLE				DD Form 256AF		
	14. DISTRICT, AREA COMMAND OR CORPS TO WHICH RESERVIST TRANSFERRED NA											15. REENLISTMENT CODE		
-	16. TEI	16. TERMINAL DATE OF RESERVE/ 17. CURRENT ACTIVE SERVICE OTHER THA						N BY INDUCTION B.TER			c. D	DATE OF ENTRY		
	DAY	MON		EAR		UPCE OF ENTRY:	ENLISTED (Prior Service)			(Years)	DAY	MONTH	YEAR	
SERVICE DATA		NA	. 1		OTHER	is the private Emailiment,					4	Feb	64	
	100000000000000000000000000000000000000	OR REGUL	AR ENL	STMENTS	19. GRADE ENTRY	RATE OR RANK AT TIME OF INTO CURRENT ACTIVE SVC	20. PLACE OF ENTRY INTO CURRENT ACTIVE SERVICE				(City and State)			
			ECORD	AT TIME		NTO ACTIVE SERVICE	22 STATEMENT OF SERVICE				YEARS	MONTHS	DAYS	
	(St	reet RFD.	City, Cou	ntv. State a	nd ZIP Code)	a.	(I) NET SE	(1) NET SERVICE THIS PERIOD		04	00	00	
	Ger	DeT	муго	те ре	ach, S.C.		CREDITABLE FOR BASIC F	E (2) OTHER			04	00	00	
	23a. S	PECIALTY I	NUMBER	& TITLE	b. RELATED CIVILIAN OCCUPATION AND		PURPOSES (3) TOTAL (Line (1) plu			Line (2))	08	00	00	
	PAF	SCE 8	1150		D.O.T. NUMBER		b. TOTAL ACTIVE SERVICE			08	00	00		
		POL			NA		c. FOREIGN AND/OR SEA SERVICE			00	111	18		
	25. EDUCATION AND TRAINING COMPLETED ECI 2000 (64) ECI 6812 (65)													
_	28.0	26 g. NON-PAY PERIODS/TIME LOS				b. DAYS ACCRUED LEAVE, PAID		ANCE IN FORCE	b. AMOUNT C	F ALLOTME	NT	c. MONTH A	ALLOTMENT	
VA AND EMF. SERVICE DATA		(Preceding Two Years) None			55		(NSLI or USGLI)		NA NA		no A a a			
					28. VA CLAIM NUMBER 29. SERVICEMEN'S GROUP LIFE INSURANCE COVERAGE 29. SERVICEMEN'S GROUP LIFE INSURANCE COVERAGE						E	10		
						c- NA								
REMARKS	Blood Group-B-Pos AQE-Unk M-35 A-40 G-30 E-30 Blood Group-B-Pos NAC, 26Aug60, 4th Dist OSI, Bolling AFB, D.C.													
AUTHENTICATION	31 PERMANENT ADDRESS FOR MAILING PURPOSES AFTER TRANSFER OR DISCHARGE (Street, RFD, City, County, State and ZIP Code) Same as Item 21.								OF PERSON BEI	NG TRANSFE	RRED OR D	SCHARGED		
	33. T	33. TYPED NAME. GRADE AND TITLE OF AUTHORIZING OFFICER CHARLES D. EDMOND, SMSGT, USAF												