THIS IS AN IMPORTANT RECORD
SAFEGUARD IT.

**PERSONAL DATA**

| 1. LAST NAME-FIRST NAME-MIDDLE NAME | 2. SERVICE NUMBER | 3. SOCIAL SECURITY NUMBER |
|---|---|---|
| DAVIS DENNIS PAUL | AF11961390 | [redacted] |

| 4. DEPARTMENT, COMPONENT AND BRANCH OR CLASS | 5a. GRADE, RATE OR RANK | b. PAY GRADE | 6. DATE OF RANK | DAY | MONTH | YEAR |
|---|---|---|---|---|---|---|
| AIR FORCE Reg AF | SGT | E-4 | | 1 | Feb | 69 |

| 7. U S CITIZEN | 8. PLACE OF BIRTH (City and State or Country) | 9. DATE OF BIRTH | DAY | MONTH | YEAR |
|---|---|---|---|---|---|
| [X] YES [ ] NO | Leominster Mass | | 24 | Apr | 48 |

**SELECTIVE SERVICE DATA**

| 10a. SELECTIVE SERVICE NUMBER | b. SELECTIVE SERVICE LOCAL BOARD NUMBER, CITY, COUNTY, STATE AND ZIP CODE | c. DATE INDUCTED | | |
|---|---|---|---|---|
| 19 160 48 156 | LB 160 , Leominster Mass | DAY | MONTH | YEAR |
| | | NA | | |

**TRANSFER OR DISCHARGE DATA**

| 11a. TYPE OF TRANSFER OR DISCHARGE | b. STATION OR INSTALLATION AT WHICH EFFECTED |
|---|---|
| Release from Active Duty | Andrews AFB Md |

| c. REASON AND AUTHORITY | d. EFFECTIVE DATE | DAY | MONTH | YEAR |
|---|---|---|---|---|
| Sec A Chpt 3 AFM 39-10 (SDN 203) | | 26 | Mar | 71 |

| 12. LAST DUTY ASSIGNMENT AND MAJOR COMMAND | 13a. CHARACTER OF SERVICE | b. TYPE OF CERTIFICATE ISSUED |
|---|---|---|
| 1002 Sec.Police Hq Comd USAF | HONORABLE | NA |

| 14. DISTRICT, AREA COMMAND OR CORPS TO WHICH RESERVIST TRANSFERRED | 15. REENLISTMENT CODE |
|---|---|
| Hq AF Res | RE-1 |

**SERVICE DATA**

| 16. TERMINAL DATE OF RESERVE/UMT&S OBLIGATION | | | 17. CURRENT ACTIVE SERVICE OTHER THAN BY INDUCTION | b. TERM OF SERVICE (Years) | c. DATE OF ENTRY | | |
|---|---|---|---|---|---|---|---|
| DAY | MONTH | YEAR | a. SOURCE OF ENTRY: [X] ENLISTED (First Enlistment) [ ] ENLISTED (Prior Service) [ ] REENLISTED [ ] OTHER | | DAY | MONTH | YEAR |
| 27 | Mar | 73 | | 4 | 28 | Mar | 67 |

| 18. PRIOR REGULAR ENLISTMENTS | 19. GRADE, RATE OR RANK AT TIME OF ENTRY INTO CURRENT ACTIVE SVC | 20. PLACE OF ENTRY INTO CURRENT ACTIVE SERVICE (City and State) |
|---|---|---|
| One | AB | Springfield Mass |

| 21. HOME OF RECORD AT TIME OF ENTRY INTO ACTIVE SERVICE (Street, RFD, City, County, State and ZIP Code) | 23a. SPECIALTY NUMBER & TITLE | b. RELATED CIVILIAN OCCUPATION AND D.O.T NUMBER |
|---|---|---|
| 31 Viscoloid Ave<br>Leominster Mass 01453 | 81150 Security Policeman | 375.268 Patrolman |

| 22. STATEMENT OF SERVICE | | YEARS | MONTHS | DAYS |
|---|---|---|---|---|
| a. CREDITABLE FOR BASIC PAY PURPOSES | (1) NET SERVICE THIS PERIOD | 03 | 11 | 29 |
| | (2) OTHER SERVICE | 00 | 00 | 00 |
| | (3) TOTAL (Line (1) plus Line (2)) | 03 | 11 | 29 |
| b. TOTAL ACTIVE SERVICE | | 03 | 11 | 29 |
| c. FOREIGN AND/OR SEA SERVICE | | 02 | 06 | 06 |

24. DECORATIONS, MEDALS, BADGES, COMMENDATIONS, CITATIONS AND CAMPAIGN RIBBONS AWARDED OR AUTHORIZED

NDSM AFM 900-3
VSM AFM 900-3
AFGCM AFM 900-3

25. EDUCATION AND TRAINING COMPLETED

Basic Mil Tng Compl 1967
Sec Policeman Crse 81130 Compl 1967
Air Police-AP Supv Crse ECI 77150 Compl 1968

**VA AND EMP. SERVICE DATA**

| 26a. NON-PAY PERIODS/TIME LOST (Preceding Two Years) | b. DAYS ACCRUED LEAVE PAID | 27a. INSURANCE IN FORCE (NSLI or USGLI) | b. AMOUNT OF ALLOTMENT | c. MONTH ALLOTMENT DISCONTINUED |
|---|---|---|---|---|
| No Time Lost | 15 | [ ] YES [X] NO | $ NA | NA |

| 28. VA CLAIM NUMBER | 29. SERVICEMEN'S GROUP LIFE INSURANCE COVERAGE |
|---|---|
| C- NA | [X] $10,000 [ ] $5,000 [ ] NONE<br>15,000 |

**REMARKS**

30. REMARKS HS Diploma 1966, Blood Group: O Pos, AQE: G-60 A-70 M-55 E-45, MAC 17 Nov 67 Ft Holabird Md. "I have been counseled as to conditions for my reentry into the Air Force and I understand that every former Air Force member must meet the enlistment standards in effect at the time of his application".

**AUTHENTICATION**

| 31. PERMANENT ADDRESS FOR MAILING PURPOSES AFTER TRANSFER OR DISCHARGE (Street, RFD, City, County, State and ZIP Code) | 32. SIGNATURE OF PERSON BEING TRANSFERRED OR DISCHARGED |
|---|---|
| Same as Item 21 | Dennis P. Davis |
| **33. TYPED NAME, GRADE AND TITLE OF AUTHORIZING OFFICER** | **34. SIGNATURE OF OFFICER AUTHORIZED TO SIGN** |
| R.A. JONES, SMSGT, USAF<br>NCOIC R&S | R.A. Jones |

DD FORM 1 JUL 66 214 PREVIOUS EDITIONS OF THIS FORM ARE OBSOLETE.

ARMED FORCES OF THE UNITED STATES
REPORT OF TRANSFER OR DISCHARGE