## THIS IS AN IMPORTANT RECORD SAFEGUARD IT.

|                                     |                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                     |                         | 2. SERVICE NUMBER                              |                                       |                        |                                       | 3. SOCIAL SECURITY NUMBER |             |             |  |
|-------------------------------------|------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------|-------------------------|------------------------------------------------|---------------------------------------|------------------------|---------------------------------------|---------------------------|-------------|-------------|--|
|                                     | - 1                                                  | I. LAST NAME-FIRST NAME-MIDDLE NAME                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                     |                         | 2. SERVICE NUMBER                              |                                       |                        | 529   66   0479                       |                           |             |             |  |
| PERSONAL DATA                       | 1                                                    | MARSHALL RONALD ALMA                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                     |                         |                                                |                                       | 205<br>6. PAY          | 6. 0475                               | DAY                       | MONTH       | YEAR        |  |
|                                     |                                                      | 4. DEPARTMENT, COMPONENT AND BRANCH OR CLASS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                     |                         | GRADE                                          |                                       | OF                     |                                       |                           |             |             |  |
|                                     | ļ                                                    | AIR FORCE Reg AF                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                     |                         | SGT E-4 RANK                                   |                                       |                        |                                       | 1<br>DAY                  | AUG         | 68<br>YEAR  |  |
| ၂ ပွ                                | 7                                                    | 7. U. S. CITIZEN B. PLACE OF BIRTH (City and State or Con                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                     |                         | Untry) 9. DATE OF                              |                                       |                        |                                       | DAT                       | MONIA       | 1200        |  |
| #                                   |                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                     |                         | BIRTH                                          |                                       |                        |                                       | 8                         | Oct         | 46          |  |
| <u>L</u>                            |                                                      | Hawchothe, Nevaux                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                     |                         |                                                | BER. CITY. COUNTY, STATE AND ZIP CODE |                        |                                       |                           | ATE INDUCT  | ED          |  |
| 28.                                 | ورار                                                 | a. SELECTIVE SERVICE NUMBER 6                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                     |                         |                                                |                                       | DAY                    | монтн                                 | YEAR                      |             |             |  |
| Б                                   | 3                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                     |                         |                                                |                                       |                        |                                       |                           | NA ·        | 1 1         |  |
| OR DISCHARGE SELECTIVE SERVICE DATA | ا ا                                                  | 12 24 16 1106 LB #24. Murray, Ut                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                     |                         | b. STATION OR INSTALLATION AT WHICH EFFECTED   |                                       |                        |                                       |                           | HA          |             |  |
|                                     | 1                                                    | II a. TYPE OF TRANSFER OR DISCHARGE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                     |                         |                                                |                                       |                        |                                       | ••                        |             | 1           |  |
|                                     | -                                                    | Release From Active Duty                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                     |                         | Malmstrom AFB, Great Fall                      |                                       |                        |                                       | s, Mon                    | Tana        | YEAR        |  |
|                                     | 1                                                    | AFPMAKP B/154/69,22Sep6                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                     |                         |                                                |                                       |                        |                                       | DAY                       | mon.r.      |             |  |
|                                     |                                                      | (GD) G45) G1-2 G2-B Dama 2 Gg AFM 3Q                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                     |                         | 10 & TISAFMPC MSG                              |                                       |                        |                                       | 20                        | Mar         | 70          |  |
| 2                                   | ξĽ                                                   | (SDN 715) Chap3, SecB, Para3-8q, AFM 39-                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                     |                         |                                                | 13 a. CHARACTER OF SERVICE            |                        |                                       |                           | F CERTIFICA | TE ISSUED   |  |
| 2                                   | 1                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                     |                         |                                                |                                       |                        |                                       | NA                        |             |             |  |
| TRANSFER                            | يا                                                   | 341 SPS (SAC)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                     |                         | HONORABLE                                      |                                       |                        |                                       | 15. REENLISTMENT CODE     |             |             |  |
| ΙŽ                                  | F                                                    | 14. DISTRICT, AREA COMMAND OR CORPS TO WHICH RESERVIST TRANSPERRED                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                     |                         |                                                |                                       |                        |                                       |                           | RE-1        |             |  |
| ľ                                   | ١                                                    | HO CAC (ORS) ARPC. 3800 York St. Denver                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                     |                         | Colorado                                       |                                       |                        |                                       |                           |             |             |  |
|                                     | _                                                    | TERMINAL DATE OF RESERVE/ 17. CURRENT ACTIVE SERVICE OTHER THAI                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                     |                         | SERVICE                                        |                                       |                        | DAY                                   | I MONTH                   | YEAR        |             |  |
|                                     | - h                                                  | DAY MONTH YEAR . SOURCE OF ENTRY:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                     |                         | ENLISTED (Prior Service) REENLISTED (Years)    |                                       |                        |                                       |                           |             | 1           |  |
| 1                                   |                                                      | 70 70                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                     |                         | <b>-∓ \</b>                                    | · <b>\</b>                            |                        |                                       | 25                        | May         | <u>  66</u> |  |
| 1                                   | -                                                    | 23 Mar 72 18. PRIOR REGULAR ENLISTMENTS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | OTHER AT            | F OR RANK AT TIME OF    | 20. PLACE OF ENTRY INTO CURRENT ACTIVE SERVICE |                                       |                        |                                       | (City and                 | State)      |             |  |
|                                     | - ['                                                 | IO. PRIOR RESULAR ENGISTMENTS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | ENTRY INTO          | CURRENT ACTIVE SVC      |                                                |                                       |                        |                                       |                           |             |             |  |
|                                     | L                                                    | None                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                     | E-1                     | Fort Douglas, Utah                             |                                       |                        |                                       | YEARS                     | MONTHS      | DAYS        |  |
|                                     | Γ                                                    | 21 HOME OF RECORD AT TIME OF ENTRY INTO ACTIVE SERVICE (Sreet, RFD, City, County, State and ZIP Code)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                     |                         | 22.                                            |                                       |                        |                                       | 03                        | 09          | 26          |  |
|                                     | ١                                                    | 592 Malibu Drive                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                     |                         | CREDITABLE                                     |                                       | ET SERVICE THIS PERIOD |                                       | 1                         | 02          | 01          |  |
|                                     | 1                                                    | Solt Take City. Ilt.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | Y7                  | FOR BASIC PA            | Y (2) OTHER                                    | IER SERVICE                           |                        | 100                                   |                           |             |             |  |
| 1                                   | ı                                                    | Salt Lake City IItah 8/107                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                     | ILIAN OCCUPATION AND    | POR POSES                                      | (3) TOTAL                             | Line (1) plu           | Line (2))                             | 03                        | 11          | 27          |  |
|                                     | _                                                    | 0.0.0                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                     |                         | b. TOTAL ACTIVE SERVICE                        |                                       |                        |                                       | 03                        | 09          | 26          |  |
| 1                                   | ₹                                                    | 81150                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | Gunnd               | 'A .                    | c. FOREIGN AND/OR SEA SERVICE                  |                                       |                        |                                       | 01_                       | 00          | 01          |  |
| EDVICE DATA                         |                                                      | Scty Policeman 372.868  24. DECORATIONS, MEDALS, BADGES, COMMENDATIONS, CITATIONS AND CALL                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                     |                         |                                                |                                       |                        |                                       |                           |             |             |  |
|                                     | ERY                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                     |                         |                                                |                                       |                        |                                       |                           |             |             |  |
| -                                   | "                                                    | VSM: w/1BSS AFM 900-3                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                     |                         |                                                |                                       |                        |                                       |                           |             |             |  |
|                                     | - 1                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                     |                         |                                                |                                       |                        |                                       |                           |             |             |  |
| - 1                                 | RVCM: AFM 900-3 25. EDUCATION AND TRAINING COMPLETED |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                     |                         |                                                |                                       |                        |                                       |                           |             |             |  |
| ı                                   |                                                      | 25. EDUCATION AND TRAINING COMPLETED                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                     |                         |                                                |                                       |                        |                                       |                           |             |             |  |
| - 1                                 |                                                      | AP Crse ABR 77130:1966                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                     |                         |                                                |                                       |                        |                                       |                           |             |             |  |
| - 1                                 |                                                      | Air Police AP Supvr (ECI) 77150:1967                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                     |                         |                                                |                                       |                        |                                       |                           |             |             |  |
| - 1                                 |                                                      | ALL OVER THE TOTAL OF THE PARTY |                     |                         |                                                |                                       |                        |                                       |                           |             |             |  |
| - 1                                 |                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                     |                         |                                                |                                       |                        |                                       |                           |             |             |  |
| - 1                                 |                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                     |                         |                                                |                                       |                        |                                       |                           |             |             |  |
| ONE AND                             |                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                     |                         |                                                |                                       |                        | ·                                     |                           |             |             |  |
|                                     |                                                      | 26 g. NON-PAY PERIODS/TIME LOST b. DAYS ACCRUED LEAVE PAI                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                     |                         | D 27 & INSURANCE IN FORCE &. AMOUNT OF ALLOTM  |                                       |                        | ENT C MONTH ALLOTMENT<br>DISCONTINUED |                           |             |             |  |
|                                     |                                                      | (Preceding Two Years)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                     |                         | (NSLI                                          | r USGLI)                              |                        |                                       |                           | 1           |             |  |
|                                     | 3 5                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                     |                         | YES                                            | <b>₽</b> NO                           | \$                     | NA                                    |                           | <u></u>     | N A         |  |
|                                     | ٥٥                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 1 20                | VA CLAIM NUMBER         | 29. SERVICE                                    | MEN'S GROUP                           | LIFE INSURA            |                                       | GE                        |             |             |  |
|                                     | ξŞ                                                   | No Time Lest                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                     |                         |                                                |                                       |                        |                                       |                           |             |             |  |
| - 1                                 | <b>₹</b>                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | C                   | \$10,000 \$5,000 NONE / |                                                |                                       |                        |                                       |                           |             |             |  |
|                                     |                                                      | 1                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                     | NA                      |                                                |                                       |                        |                                       |                           |             |             |  |
|                                     |                                                      | 30. REMARKS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                     |                         |                                                |                                       |                        |                                       |                           |             |             |  |
|                                     |                                                      | 3                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                     | tT horn boon (          | nouncel e                                      | d as to                               | the co                 | ndition                               | as for                    | my re       | entry       |  |
|                                     | RKS                                                  | High Echool: Graduated "I have been counseled as to the conditions for my red by Elood Group: A Pos into the Air Force and I understand that every former by Elood Group: A Pos into the Air Force and I understand that every former by Elood Group: A Pos into the Air Force and I understand that every former by Elood Group: A Pos into the Air Force and I understand that every former by Elood Group: A Pos into the Air Force and I understand that every former by Elood Group: A Pos into the Air Force and I understand that every former by Elood Group: A Pos into the Air Force and I understand that every former by Elood Group: A Pos into the Air Force and I understand that every former by Elood Group: A Pos into the Air Force and I understand that every former by Elood Group: A Pos into the Air Force and I understand that every former by Elood Group: A Pos into the Air Force and I understand that every former by Elood Group: A Pos into the Air Force and I understand that every former by Elood Group: A Pos into the Air Force and I understand that every former by Elood Group: A Pos into the Air Force and I understand that every former by Elood Group: A Pos into the Air Force and I understand the Air F |                     |                         |                                                |                                       |                        |                                       |                           |             |             |  |
| - 1                                 | REMARKS                                              | Blood Group: A Po                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | 8                   | into the Air            | LOTGE T                                        | of the c                              | mld etm                | ent et                                | brehne                    | s in e      | ffect       |  |
| ı                                   | RE                                                   | Force member must meet the enlistment st                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                     |                         |                                                |                                       |                        |                                       |                           |             | •••         |  |
| -                                   |                                                      | I am was a se a so to se of the stime of his anti-fication."                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                     |                         |                                                |                                       |                        |                                       |                           |             |             |  |
| 1                                   |                                                      | IN A CT-166 DODG WESSELE TO COMPANY TO SEE TO COMPANY TO SEE TO COMPANY TO SEE TO SECRETARIES.                                                                                                                                                                                                                                                                                                                                                                            |                     |                         |                                                |                                       |                        |                                       |                           | DISCHARGE   | <u> </u>    |  |
| ſ                                   | _                                                    | 1 / / / / / / / / / / / / / / / / / / /                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                     |                         |                                                |                                       |                        |                                       |                           | 0 ()        |             |  |
|                                     | ŏ                                                    | (Street, KFD, City, County, State                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                     | (// /                   | 1 1 /                                          |                                       | · J                    | /                                     | 人                         |             |             |  |
| ı                                   | 3                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                     | Van                     |                                                | e u                                   | - 0                    |                                       |                           |             |             |  |
| 1                                   | AUTHENTICATION                                       | 33. TYPED NAME GRADE AND TITL                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | 3                   | 4. SIGNATURE            | OF OFFICER                                     | UTHORIZED                             | TO SIGN                | 7                                     | <i>)</i> .                |             |             |  |
| ٠ ا                                 | 뿔                                                    | •.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | / SIDAN M. Had Uson |                         |                                                |                                       |                        |                                       |                           |             |             |  |
| ļ                                   | Ş                                                    | JEANNE M ANDERSON                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                     | " ALUN                  | me '                                           | j com                                 | 7.7                    |                                       |                           |             |             |  |
| ļ                                   |                                                      | TOWTHE CHITER CON                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | PÓ                  |                         |                                                | //                                    | RMED FO                | RCES OF                               | THE UNI                   | TED STAT    | res o       |  |
|                                     |                                                      | D FORM 21/1 PREVIOUS E                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | EDITIONS OF TH      | IS FORM ARE OBSOLETE    |                                                | Α                                     | KWED I C               |                                       |                           | NCCI LA DO  | 2           |  |

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