

Arnold

PERSONAL DATA	1. LAST NAME-FIRST NAME-MIDDLE NAME ARNOLD JAMES ALLEN		2. SERVICE NUMBER NA		3. SOCIAL SECURITY NUMBER 9170			
	4. DEPARTMENT, COMPONENT AND BRANCH OR CLASS AIR FORCE RegAF		5a. GRADE, RATE OR RANK SSGT	b. PAY GRADE E5	6. DATE OF RANK 1 DEC 67			
	7. U. S. CITIZEN <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		8. PLACE OF BIRTH (City and State or Country) CASSVILLE MO		6. DATE OF BIRTH 9 MAY 37			
SELECTIVE SERVICE DATA	10a. SELECTIVE SERVICE NUMBER NA		b. SELECTIVE SERVICE LOCAL BOARD NUMBER, CITY, COUNTY, STATE AND ZIP CODE NA			c. DATE INDUCTED NA		
	11a. TYPE OF TRANSFER OR DISCHARGE DISCHARGE		b. STATION OR INSTALLATION AT WHICH EFFECTED HOMESTEAD AFB FL					
TRANSFER OR DISCHARGE DATA	c. REASON AND AUTHORITY SIN 203 PARA 3-2 AFM 30-10			d. EFFECTIVE DATE 20 MAR 70				
	12. LAST DUTY ASSIGNMENT AND MAJOR COMMAND 4531 SQTY POL G (TAC)		13a. CHARACTER OF SERVICE HONORABLE		b. TYPE OF CERTIFICATE ISSUED DD FORM 256AF			
	14. DISTRICT, AREA COMMAND OR CORPS TO WHICH RESERVIST TRANSFERRED			15. REENLISTMENT CODE				
	16. TERMINAL DATE OF RESERVE/UMT&S OBLIGATION		17. CURRENT ACTIVE SERVICE OTHER THAN BY INDUCTION		b. TERM OF SERVICE (Years) 4		c. DATE OF ENTRY 21 MAR 66	
18. PRIOR REGULAR ENLISTMENTS		19. GRADE, RATE OR RANK AT TIME OF ENTRY INTO CURRENT ACTIVE SVC SGT		20. PLACE OF ENTRY INTO CURRENT ACTIVE SERVICE (City and State) WYCOMBE MS ENG				
21. HOME OF RECORD AT TIME OF ENTRY INTO ACTIVE SERVICE (Street, RFD, City, County, State and ZIP Code) 2118 HOLLY ST		23a. SPECIALTY NUMBER & TITLE 81150 SEC POL		23b. RELATED CIVILIAN OCCUPATION AND D.O.T. NUMBER NA		22. STATEMENT OF SERVICE		
				a. CREDITABLE FOR BASIC PAY PURPOSES				
				(1) NET SERVICE THIS PERIOD		04 00 00		
				(2) OTHER SERVICE		10 00 00		
				(3) TOTAL (Line (1) plus Line (2))		14 00 00		
				b. TOTAL ACTIVE SERVICE		11 06 20		
				c. FOREIGN AND/OR SEA SERVICE		02 05 28		
24. DECORATIONS, MEDALS, BADGES, COMMENDATIONS, CITATIONS AND CAMPAIGN RIBBONS AWARDED OR AUTHORIZED VSM AFM 900-3 AFMCM w/10LC AFM 900-3 (21 MAR 65-20 MAR 69)LC MVCN AFM 900-3								
25. EDUCATION AND TRAINING COMPLETED SQTY POL CMET CRSE ABR 81150 COMPL 68 NEM CRSE FOR AF SUPV COMPL 69								
VA AND EMP SERVICE DATA	26a. NON-PAY PERIODS/TIME LOST (Preceding Two Years) NO TIME LOST		b. DAYS ACCRUED LEAVE PAID SIXTEEN (16.0)		27a. INSURANCE IN FORCE (NSLI or USGLI) <input type="checkbox"/> YES <input type="checkbox"/> NO		b. AMOUNT OF ALLOTMENT	
			28. VA CLAIM NUMBER C- 242		29. SERVICEMEN'S GROUP LIFE INSURANCE COVERAGE <input checked="" type="checkbox"/> \$10,000 <input type="checkbox"/> \$5,000 <input type="checkbox"/> NONE		c. MONTH ALLOTMENT DISCONTINUED	
REMARKS	30. REMARKS BLOOD GROUP O POS AGE SCORES: M90 A50 G75 E75 NAC, 11 JUN 62, 4th DIST OSI BOLLING AFB WASH DC							
	31. PERMANENT ADDRESS FOR MAILING PURPOSES AFTER TRANSFER OR DISCHARGE (Street, RFD, City, County, State and ZIP Code)				32. SIGNATURE OF PERSON BEING TRANSFERRED OR DISCHARGED			
AUTHENTICATION	33. TYPED NAME, GRADE AND TITLE OF AUTHORIZING OFFICER W.L. BRADNICK, SMSGT, USAF				34. SIGNATURE OF OFFICER AUTHORIZED TO SIGN			