

SAFEGUARD IT.

PERSONAL DATA	1. LAST NAME - FIRST NAME - MIDDLE NAME		2. SERVICE NUMBER		3. SOCIAL SECURITY NUMBER					
		ASBURY JAMES CALVIN		AF17656811		[REDACTED] [REDACTED] 2949				
PERSONAL DATA	4. DEPARTMENT, COMPONENT AND BRANCH OR CLASS		5a. GRADE, RATE OR RANK	b. PAY GRADE	6. DATE OF RANK					
	AIR FORCE		REGAF	A1C	E4	1 OCT 65				
PERSONAL DATA	7. U. S. CITIZEN		8. PLACE OF BIRTH (City and State or Country)		9. DATE OF BIRTH					
	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		SUPERIOR, WISCONSIN		17 AUG 45					
SELECTIVE SERVICE DATA	10a. SELECTIVE SERVICE NUMBER		b. SELECTIVE SERVICE LOCAL BOARD NUMBER, CITY, COUNTY, STATE AND ZIP CODE			c. DATE INDUCTED				
	NA		NA			NA				
TRANSFER OR DISCHARGE DATA	11 a. TYPE OF TRANSFER OR DISCHARGE		b. STATION OR INSTALLATION AT WHICH EFFECTED							
	RELEASE FROM ACTIVE DUTY		TRAVIS AFB, FAIRFIELD, CALIFORNIA							
	c. REASON AND AUTHORITY		CONVENIENCE OF THE GOVERNMENT, PAR 3-8C, SEC B, CHAP 3, AFM 39-10, (SDN 411)			d. EFFECTIVE DATE				
	355 SP SQ		PACAF		HONORABLE		31 AUG 67			
TRANSFER OR DISCHARGE DATA	12. LAST DUTY ASSIGNMENT AND MAJOR COMMAND		13 a. CHARACTER OF SERVICE		b. TYPE OF CERTIFICATE ISSUED					
	AFRES		AFRES		NA					
TRANSFER OR DISCHARGE DATA	14. DISTRICT, AREA COMMAND OR CORPS TO WHICH RESERVIST TRANSFERRED		15. REENLISTMENT CODE							
	AFRES		RE - 12							
SERVICE DATA	16. TERMINAL DATE OF RESERVE/UMTS OBLIGATION		17. CURRENT ACTIVE SERVICE OTHER THAN BY INDUCTION			d. TERM OF SERVICE (Years)		c. DATE OF ENTRY		
	11 JUN 69		<input checked="" type="checkbox"/> ENLISTED (First Enlistment) <input type="checkbox"/> ENLISTED (Prior Service) <input type="checkbox"/> REENLISTED <input type="checkbox"/> OTHER			4 3/12		12 JUN 63		
SERVICE DATA	18. PRIOR REGULAR ENLISTMENTS		19. GRADE, RATE OR RANK AT TIME OF ENTRY INTO CURRENT ACTIVE SVC		20. PLACE OF ENTRY INTO CURRENT ACTIVE SERVICE (City and State)					
	NA		AIRMAN BASIC		MINNEAPOLIS, MINNESOTA					
SERVICE DATA	21. HOME OF RECORD AT TIME OF ENTRY INTO ACTIVE SERVICE (Street, RFD, City, County, State and ZIP Code)		22. STATEMENT OF SERVICE		YEARS MONTHS DAYS					
	1205 N. 8TH ST., SUPERIOR, DOUGLAS, WISCONSIN		a. CREDITABLE FOR BASIC PAY PURPOSES (1) NET SERVICE THIS PERIOD (2) OTHER SERVICE (3) TOTAL (Line (1) plus Line (2))		04 02 19 00 00 00 04 02 19					
SERVICE DATA	23a. SPECIALTY NUMBER & TITLE		b. RELATED CIVILIAN OCCUPATION AND D.O.T. NUMBER		b. TOTAL ACTIVE SERVICE					
	81150 SECURITY POLICEMAN		PATROLMAN (GOVERNMENT SERVICE) 2-66.23		04 02 19					
SERVICE DATA	24. DECORATIONS, MEDALS, BADGES, COMMENDATIONS, CITATIONS AND CAMPAIGN RIBBONS AWARDED OR AUTHORIZED		c. FOREIGN AND/OR SEA SERVICE							
	AIR FORCE LONGEVITY SERVICE AWARD, AFM 900-3//SMALL ARMS EXPERT MARKSMANSHIP RIBBON SOG-24, 14 JUN 66, 11SA WG//VIETNAM SERVICE MEDAL W/1 BSS, AFM 900-3//VIETNAM CAMPAIGN MEDAL, AFM 900-3//NATIONAL DEFENSE SERVICE MEDAL, AFM 900-3//AIR FORCE GOOD CONDUCT MEDAL (12 JUN 63-11 JUN 66) AFM 900-3//INTEL-FUND (ECI) CRSS 2000, 64//PHOTO FUND (ECI) 2320, 65// <i>Airforce accn</i>		00 10 28							
VA AND EMP. SERVICE DATA	25 a. NON-PAY PERIODS/TIME LOST (Preceding Two Years)		b. DAYS ACCRUED LEAVE PAID		27 a. INSURANCE IN FORCE (NLI or USGLI)		b. AMOUNT OF ALLOTMENT		c. MONTH ALLOTMENT DISCONTINUED	
	NO TIME LOST		10 DAYS		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		\$ NA		NA	
VA AND EMP. SERVICE DATA	28. VA CLAIM NUMBER		29. SERVICEMEN'S GROUP LIFE INSURANCE COVERAGE							
	C- NA		<input checked="" type="checkbox"/> \$10,000 <input type="checkbox"/> \$5,000 <input type="checkbox"/> NONE							
REMARKS	30. REMARKS HIGH SCHOOL-GRADUATED//BLOOD GROUP AB//AGE: O-50, A-60, M-70, B-55, JUN 63//ODSD: 30 AUG 67//NAC COMPLETED JUL 63, FILED DIST 4, OSI//									
AUTHENTICATION	31. PERMANENT ADDRESS FOR MAILING PURPOSES AFTER TRANSFER OR DISCHARGE (Street, RFD, City, County, State and ZIP Code)					32. SIGNATURE OF PERSON BEING TRANSFERRED OR DISCHARGED				
	5925 1/2 TOWER APT# 1, SUPERIOR, DOUGLAS, WISCONSIN, 54880					<i>James C. Asbury</i>				
AUTHENTICATION	33. TYPED NAME, GRADE AND TITLE OF AUTHORIZING OFFICER					34. SIGNATURE OF OFFICER AUTHORIZED TO SIGN				
	ROBERT L. RAYBOURN MSGT USAF NOIC, SEPARATION SECTION					<i>Robt L Rayburn</i>				

DD FORM 1 JUL 62 214

PREVIOUS EDITIONS OF THIS FORM ARE OBSOLETE.

ARMED FORCES OF THE UNITED STATES
REPORT OF TRANSFER OR DISCHARGE

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