

LM 939

|   |  |   |  |                                       |   |  |  |  |
|---|--|---|--|---------------------------------------|---|--|--|--|
| PERSONAL DATA   | 1. LAST NAME-FIRST NAME-MIDDLE NAME<br><b>ANDERSON GEORGE OLAF JR.</b>   |   | 2. SERVICE NUMBER<br><b>AF 11738320</b>  |                                       | 3. SOCIAL SECURITY NUMBER<br><b>[REDACTED]</b>  |  |  |  |
|   | 4. DEPARTMENT, COMPONENT AND BRANCH OR CLASS<br><b>AIR FORCE REG AIR FORCE</b>   |   | 5a. GRADE, RATE OR RANK<br><b>SSGT</b>   | b. PAY GRADE<br><b>E-5</b>            | 6. DATE OF RANK<br><b>1 Apr 70</b>  | DAY<br><b>1</b>  | MONTH<br><b>Apr</b>                    | YEAR<br><b>70</b>                            |
|   | 7. U. S. CITIZEN<br><input checked="" type="checkbox"/> YES <input type="checkbox"/> NO  | 8. PLACE OF BIRTH (City and State or Country)<br><b>ELIZABETH, NEW JERSEY</b> |  | 9. DATE OF BIRTH<br><b>2 Jul 46</b>   | DAY<br><b>2</b>   | MONTH<br><b>Jul</b>                                    | YEAR<br><b>46</b>                      |  |
| SELECTIVE SERVICE DATA  | 10a. SELECTIVE SERVICE NUMBER<br><b>15 34 46 161</b>   |   | b. SELECTIVE SERVICE LOCAL BOARD NUMBER, CITY, COUNTY, STATE AND ZIP CODE<br><b>LB # 34, Elizabethtown, Hardin, Kentucky</b>   |                                       |   | c. DATE INDUCTED<br><b>NA</b>                          |  |  |
|   | 11 a. TYPE OF TRANSFER OR DISCHARGE<br><b>RELEASE FROM ACTIVE DUTY</b>   |   | b. STATION OR INSTALLATION AT WHICH EFFECTED<br><b>MALMSTROM AFB, GREAT FALLS, MONT</b>  |                                       |   |  |  |  |
| TRANSFER OR DISCHARGE DATA  | c. REASON AND AUTHORITY<br><b>(SDN 203) Chap 3, Sec A, Para 3-2, AFM 39-10</b>   |   |  | d. EFFECTIVE DATE<br><b>22 Jun 71</b> | DAY<br><b>22</b>  | MONTH<br><b>Jun</b>                                    | YEAR<br><b>71</b>                      |  |
|   | 12. LAST DUTY ASSIGNMENT AND MAJOR COMMAND<br><b>341 Secty Police Sq (SAC)</b>   |   | 13 a. CHARACTER OF SERVICE<br><b>HONORABLE</b>   |                                       | b. TYPE OF CERTIFICATE ISSUED<br><b>NA</b>  |  |  |  |
|   | 14. DISTRICT, AREA COMMAND OR CORPS TO WHICH RESERVIST TRANSFERRED<br><b>HQ CAC (ORS) ARPC, 3800 YORK ST., DENVER, COLO</b>  |   |  |                                       | 15. REENLISTMENT CODE<br><b>RE-1</b>  |  |  |  |
| SERVICE DATA  | 16. TERMINAL DATE OF RESERVE/UMT&S OBLIGATION<br>DAY MONTH YEAR<br><b>25 Oct 72</b>  |   | 17. CURRENT ACTIVE SERVICE OTHER THAN BY INDUCTION<br>a. SOURCE OF ENTRY:<br><input checked="" type="checkbox"/> ENLISTED (First Enlistment) <input type="checkbox"/> ENLISTED (Prior Service) <input type="checkbox"/> REENLISTED<br><input type="checkbox"/> OTHER <b>AFQT 8c (58 III)</b> |                                       | b. TERM OF SERVICE (Years)<br><b>4</b>  | c. DATE OF ENTRY<br>DAY MONTH YEAR<br><b>23 Jan 67</b> |  |  |
|   | 18. PRIOR REGULAR ENLISTMENTS<br><b>NONE</b>   |   | 19. GRADE, RATE OR RANK AT TIME OF ENTRY INTO CURRENT ACTIVE SVC<br><b>AB E-1</b>  |                                       | 20. PLACE OF ENTRY INTO CURRENT ACTIVE SERVICE (City and State)<br><b>LOUISVILLE, KENTUCKY</b>                  |  |  |  |
|   | 21. HOME OF RECORD AT TIME OF ENTRY INTO ACTIVE SERVICE (Street, RFD, City, County, State and ZIP Code)<br><b>1444-A Fifth Ave<br/>Ft. Knox, Harding Kentucky 40121</b>  |   | 22. STATEMENT OF SERVICE   |                                       | YEARS   | MONTHS   | DAYS                                   |  |
|   | 23a. SPECIALTY NUMBER & TITLE<br><b>81150<br/>Scty Policeman</b>   |   | b. RELATED CIVILIAN OCCUPATION AND D.O.T. NUMBER<br><b>Guard<br/>372.868</b>   |                                       | a. CREDITABLE FOR BASIC PAY PURPOSES  |  |  |  |
|   |  |   |  |                                       | (1) NET SERVICE THIS PERIOD   | <b>04</b>  | <b>05</b>                              | <b>00</b>                                    |
|   |  |   |  |                                       | (2) OTHER SERVICE   | <b>00</b>  | <b>02</b>                              | <b>27</b>                                    |
|   |  |   |  | (3) TOTAL (Line (1) plus Line (2))    | <b>04</b>   | <b>07</b>  | <b>27</b>                              |  |
|   |  |   |  | b. TOTAL ACTIVE SERVICE               | <b>04</b>   | <b>05</b>  | <b>00</b>                              |  |
|   |  |   |  | c. FOREIGN AND/OR SEA SERVICE         | <b>01</b>   | <b>07</b>  | <b>03</b>                              |  |
| 24. DECORATIONS, MEDALS, BADGES, COMMENDATIONS, CITATIONS AND CAMPAIGN RIBBONS AWARDED OR AUTHORIZED<br><b>EMA AFM900-3 RVCM AFM 900-3<br/>NDSM AFM 900-3 AFCM (25 Jun 68-27 Jun 69) SOG-2582<br/>VSM AFM 900-3</b> |  |   |  |                                       |   |  |  |  |
| 25. EDUCATION AND TRAINING COMPLETED<br><b>UPGRADE TNG GEN SUB CRSE 10000 (ECI) 1967<br/>AIR POLICE - SUPV CRSE 77150 (ECI) 1967<br/>SCTY POLICE COMBAT PREP CRSE AZR 81150, 1967</b>                               |  |   |  |                                       |   |  |  |  |
| VA AND EMP. SERVICE DATA  | 26 a. NON-PAY PERIODS/TIME LOST (Preceding Two Years)<br><b>NO TIME LOST</b>   |   | b. DAYS ACCRUED LEAVE PAID<br><b>45.0</b>  |                                       | 27 a. INSURANCE IN FORCE (NSLI or USGLI)<br><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO |  | b. AMOUNT OF ALLOTMENT<br><b>\$ NA</b> | c. MONTH ALLOTMENT DISCONTINUED<br><b>NA</b> |
|   | 28. VA CLAIM NUMBER<br><b>C- NA</b>  |   | 29. SERVICEMEN'S GROUP LIFE INSURANCE COVERAGE<br><input type="checkbox"/> \$10,000 <input type="checkbox"/> \$5,000 <input type="checkbox"/> NONE<br><b>\$ 15,000</b>   |                                       |   |  |  |  |
| REMARKS   | 30. REMARKS<br><b>COLLEGE: 60 Semester Hours "I have been counseled as to conditons for my re-<br/>BLOOD GROUP: B-POS entry into the Air Force and I understand that<br/>AQE: G-50, A-50, M-30, E-45 every former Air Force member must meet the enlist-<br/>ODSD: 29 Jun 1969 ment/reenlistment standards in effect at the time<br/>LNAC: 13 Feb 1967 DOD NACC of his application."</b> |   |  |                                       |   |  |  |  |
| AUTHENTICATION  | 31. PERMANENT ADDRESS FOR MAILING PURPOSES AFTER TRANSFER OR DISCHARGE (Street, RFD, City, County, State and ZIP Code)<br><b>2010 River Dr., Lt No. 3, Big Stack<br/>Trailer Park, Great Falls, Mont. 59401</b>  |   |  |                                       | 32. SIGNATURE OF PERSON BEING TRANSFERRED OR DISCHARGED<br><b>George O. Anderson</b>                            |  |  |  |
|   | 33. TYPED NAME, GRADE AND TITLE OF AUTHORIZING OFFICER<br><b>DALE E PARRISH, MSGT USAF<br/>NCOIC, CBPO-CAC</b>   |   |  |                                       | 34. SIGNATURE OF OFFICER AUTHORIZED TO SIGN<br><b>Dale E. Parrish</b>   |  |  |  |

|                    |  |                |  |
|--------------------|--|----------------|--|
| Name of Subject    |  | Date of Birth  |  |
| Address            |  | City           |  |
| Occupation         |  | Education      |  |
| Previous Addresses |  | References     |  |
| Character of Case  |  | Date of Report |  |

|                                  |  |                     |  |
|----------------------------------|--|---------------------|--|
| Detailed Description of Incident |  | Date and Time       |  |
| Location                         |  | Weather             |  |
| Persons Involved                 |  | Suspect Description |  |
| Witnesses                        |  | Physical Evidence   |  |
| Investigation Progress           |  | Status of Case      |  |

|                     |  |                 |  |
|---------------------|--|-----------------|--|
| Summary of Findings |  | Recommendations |  |
| Conclusions         |  | Disposition     |  |
| Remarks             |  | Signature       |  |
| Date                |  | Agent           |  |

|                            |  |                |  |
|----------------------------|--|----------------|--|
| Administrative Information |  | Classification |  |
| Distribution               |  | Retention      |  |
| Indexing                   |  | Filing         |  |
| Approval                   |  | Supervisor     |  |