

SAFEGUARD II.

PERSONAL DATA	1. LAST NAME-FIRST NAME-MIDDLE NAME <b>BRUSSEAU DANIEL JOSEPH</b>	2. SERVICE NUMBER <b>AF 16981254</b>	3. SOCIAL SECURITY NUMBER <b>503 54 4970</b>
PERSONAL DATA	4. DEPARTMENT, COMPONENT AND BRANCH OR CLASS <b>AIR FORCE</b>	5. GRADE, RATE OR RANK <b>SGT</b>	6. PAY GRADE <b>E-4</b>
PERSONAL DATA	7. U.S. CITIZEN <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	8. PLACE OF BIRTH (City and State or Country) <b>SIOUX CITY IOWA</b>	9. DATE OF BIRTH DAY MONTH YEAR <b>1 MAR 69</b>
SELECTIVE SERVICE DATA	10. SELECTIVE SERVICE NUMBER <b>39 42 45 28</b>	11. SELECTIVE SERVICE LOCAL BOARD NUMBER, CITY, COUNTY, STATE AND ZIP CODE <b>LS#42 VERMILION, SO. DAKOTA</b>	12. DATE INDUCTED DAY MONTH YEAR <b>5 MAY 45</b>
TRANSFER OR DISCHARGE DATA	13. TYPE OF TRANSFER OR DISCHARGE <b>RELEASE FROM ACTIVE DUTY</b>	14. STATION OR INSTALLATION AT WHICH EFFECTED <b>TRAVIS AFB FATEFIELD CA</b>	15. REASON AND AUTHORITY <b>PARA 3-8C, SEC B, CHAP 3, AFM 39-10 (SIN-411) COG</b>
TRANSFER OR DISCHARGE DATA	16. LAST DUTY ASSIGNMENT AND MAJOR COMMAND <b>824 SEC POL SQ (PAGAF)</b>	17. CHARACTER OF SERVICE <b>HONORABLE</b>	18. TYPE OF CERTIFICATE ISSUED <b>NA</b>
TRANSFER OR DISCHARGE DATA	19. DISTRICT, AREA COMMAND OR CORPS TO WHICH RESERVIST TRANSFERRED <b>AFRES</b>	20. REENLISTMENT CODE <b>1</b>	21. TERMINAL DATE OF RESERVE/UNIT'S OBSOLETE DAY MONTH YEAR <b>2 FEB 73</b>
TRANSFER OR DISCHARGE DATA	22. CURRENT ACTIVE SERVICE OTHER THAN BY INDUCTION a. SOURCE OF ENTRY <input checked="" type="checkbox"/> ENLISTED (First Enlistment) <input type="checkbox"/> ENLISTED (Prior Service) <input type="checkbox"/> REENLISTED b. OTHER <b>AFQT 8C (74II)</b>	23. TERM OF SERVICE (Years) <b>4</b>	24. DATE OF ENTRY DAY MONTH YEAR <b>3 FEB 67</b>
SERVICE DATA	25. REGULAR ENLISTMENTS <b>NONE</b>	26. GRADE, RATE OR RANK AT TIME OF ENTRY INTO CURRENT ACTIVE SVC <b>AB</b>	27. PLACE OF ENTRY INTO CURRENT ACTIVE SERVICE (City and State) <b>OMAHA NEBRASKA</b>
SERVICE DATA	28. HOME OF RECORD AT TIME OF ENTRY INTO ACTIVE SERVICE (State, ZIP, City, County, State and ZIP Code) <b>RIVIERA POINT, UNION COUNTY, SOUTH DAKOTA 57025</b>	29. SPECIALTY NUMBER & TITLE A. RELATED CIVILIAN OCCUPATION AND D.O.T. NUMBER <b>81150A SECURITY POLICEMAN</b> <b>372.168 GUARD SERGEANT</b>	30. STATEMENT OF SERVICE YEARS MONTHS DAYS 111 NET SERVICE THIS PERIOD <b>03 11 25</b> 121 OTHER SERVICE <b>00 00 00</b> 131 TOTAL (Line (1) plus Line (2)) <b>03 11 25</b> A. TOTAL ACTIVE SERVICE <b>03 11 25</b> B. FOREIGN AND/OR SEA SERVICE <b>02 10 05</b>
SERVICE DATA	31. DECORATIONS, MEDALS, BADGES, COMMENDATIONS, CITATIONS AND CAMPAIGN RIBBONS AWARDED OR AUTHORIZED <b>NDSM, SAEMR, VSM (1) BSS, RVCM, AFGCM (2FEB70): AFM 900-3</b>	32. EDUCATION AND TRAINING COMPLETED <b>AIR POLICEMAN CRSE 77130 COMPL 67/SENTRY DOG HANDLER (STUDENT) COMPL 67/ UPGRADE TRAINING GEN SUBJECTS CRSE 10000 COMPL 67/EFFECTIVE WRITING CRSE COMPL 69//</b>	33. NON-PAY PERIODS/TIME LOST (Preceding Two Years) <b>NO NON PAY PERIODS</b> <b>NO TIME LOST</b>
VA AND EMP. SERVICE DATA	34. DAYS ACCRUED LEAVE PAID <b>48 DAYS</b>	35. VA CLAIM NUMBER <b>C- NONE</b>	36. INSURANCE IN FORCE (NLI or USGLD) <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
VA AND EMP. SERVICE DATA	37. AMOUNT OF ALLOTMENT <b>NONE</b>	38. MONTH ALLOTMENT DISCONTINUED <b>NA</b>	39. SERVICEMEN'S GROUP LIFE INSURANCE COVERAGE <input type="checkbox"/> \$10,000 <input type="checkbox"/> \$5,000 <input type="checkbox"/> NONE <b>\$15,000</b>
REMARKS	40. REMARKS <b>COLLEGE COMPL 90 SH/BLOOD GP O POS/AGE M60 A65 G60 E50/LNAC #44-2533 25AUG67 DOD NACC FT. HOLABIRD MD/"I HAVE BEEN COUNSELED AS TO CONDITIONS FOR MY REENTRY INTO THE AIR FORCE AND I UNDERSTAND THAT EVERY FORMER AIR FORCE MEMBER MUST MEET THE ENLISTMENT STANDARDS IN EFFECT AT THE TIME OF HIS APPLICATION."/</b>		
AUTHENTICATION	41. PERMANENT ADDRESS FOR MAILING PURPOSES AFTER TRANSFER OR DISCHARGE (State, ZIP, City, County, State and ZIP Code) <b>SAME AS ITEM 21</b>	42. SIGNATURE OF PERSON BEING TRANSFERRED OR DISCHARGED <i>Daniel J. Brusseau</i>	43. TYPED NAME GRADE AND TITLE OF AUTHORIZING OFFICER <b>F. J. DRISCOLL, MSGT, USAF NCOIC, PORT SEPARATION SECTION</b>
AUTHENTICATION	44. SIGNATURE OF OFFICER AUTHORIZED TO SIGN <i>F. J. Driscoll</i>	45. ARMED FORCES OF THE UNITED STATES REPORT OF TRANSFER OR DISCHARGE	1

DD FORM 214 JUL 66

PREVIOUS EDITIONS OF THIS FORM ARE OBSOLETE.

ARMED FORCES OF THE UNITED STATES  
REPORT OF TRANSFER OR DISCHARGE