

PERSONAL DATA	1. LAST NAME - FIRST NAME - MIDDLE NAME <b>BEESON LONNIE DALE</b>				2. SERVICE NUMBER <b>AF 68000166</b>			3. SOCIAL SECURITY NUMBER <b>9554</b>		
	4. DEPARTMENT, COMPONENT AND BRANCH OR CLASS <b>AIR FORCE REGAF</b>				5a. GRADE, RATE OR RANK <b>SSGT</b>		6. PAY GRADE <b>E-5</b>	6. DATE OF RANK <b>1 FEB 71</b>	7. U. S. CITIZEN <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
	8. PLACE OF BIRTH (City and State or Country) <b>CASSVILLE, MO</b>				9. DATE OF BIRTH <b>28 MAY 48</b>		DAY	MONTH	YEAR	
SELECTIVE SERVICE DATA	10a. SELECTIVE SERVICE NUMBER <b>23 5 48 70</b>			b. SELECTIVE SERVICE LOCAL BOARD NUMBER, CITY, COUNTY, STATE AND ZIP CODE <b>LB # 5, CASSVILLE, BARRY, MO</b>				c. DATE INDUCTED <b>NA</b>		
	11 a. TYPE OF TRANSFER OR DISCHARGE <b>RELEASE FROM ACTIVE DUTY</b>				b. STATION OR INSTALLATION AT WHICH EFFECTED <b>TRAVIS AFB, FAIRFIELD, CA</b>					
TRANSFER OR DISCHARGE DATA	c. REASON AND AUTHORITY <b>PAR 3-8C, SEC B, CHAP 3, AFM 39-10 (SDN 411) COG</b>						d. EFFECTIVE DATE <b>10 OCT 71</b>	DAY	MONTH	YEAR
	12. LAST DUTY ASSIGNMENT AND MAJOR COMMAND <b>635 SCTY POL SQ PACAF</b>				13 a. CHARACTER OF SERVICE <b>HONORABLE</b>			b. TYPE OF CERTIFICATE ISSUED <b>NA</b>		
	14. DISTRICT, AREA COMMAND OR CORPS TO WHICH RESERVIST TRANSFERRED <b>USAFR</b>						15. REENLISTMENT CODE <b>1</b>			
	16. TERMINAL DATE OF RESERVE/UMTS OBLIGATION <b>22 OCT 73</b>			17. 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 <input type="checkbox"/> OTHER AFQT: 8C (95-I)			b. TERM OF SERVICE (Years) <b>4</b>	c. DATE OF ENTRY <b>23 OCT 67</b>		
18. PRIOR REGULAR ENLISTMENTS <b>NONE</b>			19. GRADE, RATE OR RANK AT TIME OF ENTRY INTO CURRENT ACTIVE SVC <b>AIRMAN BASIC</b>		20. PLACE OF ENTRY INTO CURRENT ACTIVE SERVICE (City and State) <b>KANSAS CITY, MO</b>					
21. HOME OF RECORD AT TIME OF ENTRY INTO ACTIVE SERVICE (Street, RFD, City, County, State and ZIP Code) <b>BOX 99, CASSVILLE, BARRY, MO</b>				22. STATEMENT OF SERVICE			YEARS	MONTHS	DAYS	
23a. SPECIALTY NUMBER & TITLE <b>81150 SCTY POLICEMAN</b>			b. RELATED CIVILIAN OCCUPATION AND D.O.T. NUMBER <b>GUARD 372.868</b>		a. CREDITABLE FOR BASIC PAY PURPOSES	(1) NET SERVICE THIS PERIOD	03	11	18	
						(2) OTHER SERVICE	00	00	00	
						(3) TOTAL (Line (1) plus Line (2))	03	11	18	
					b. TOTAL ACTIVE SERVICE	03	11	18		
					c. FOREIGN AND/OR SEA SERVICE	02	07	27		
24. DECORATIONS, MEDALS, BADGES, COMMENDATIONS, CITATIONS AND CAMPAIGN RIBBONS AWARDED OR AUTHORIZED <b>NDSM, SAEMR, AFEM, RVCM, VSM W/1BSS, AFGCM(23OCT67-22OCT70) AFM 900-3//</b>										
25. EDUCATION AND TRAINING COMPLETED <b>SCTY POL CRSE 3ABR81130 COMPL68/UPGRADE TNG GEN SUBJ CORR CRSE 10000 COMPL68//</b>										
VA AND EMP. SERVICE DATA	26 a. NON-PAY PERIODS/TIME LOST (Preceding Two Years) <b>NO NON PAY PERIODS NO TIME LOST</b>			b. DAYS ACCRUED LEAVE PAID <b>2 DAYS</b>		27 a. INSURANCE IN FORCE (NSLI or USGLI) <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		b. AMOUNT OF ALLOTMENT <b>\$ NONE</b>		c. MONTH ALLOTMENT DISCONTINUED <b>NA</b>
				28. VA CLAIM NUMBER <b>C- NONE</b>		29. 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	30. REMARKS <b>HS-GRAD/BLOOD GP O NEG/M85 A75 G80 E80 UNDATED/LNAC NOV67 DOD NACC FT HOLABIRD, MD/DAFSC: 81150/"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/RE-ENLISTMENT STANDARDS IN EFFECT AT THE TIME OF HIS APPLICATION."/</b>									
AUTHENTICATION	31. PERMANENT ADDRESS FOR MAILING PURPOSES AFTER TRANSFER OR DISCHARGE (Street, RFD, City, County, State and ZIP Code) <b>RFD # 1, CASSVILLE, BARRY, MO 65625</b>					32. SIGNATURE OF PERSON BEING TRANSFERRED OR DISCHARGED <i>Lonnie DBeeson</i>				
	33. TYPED NAME, GRADE AND TITLE OF AUTHORIZING OFFICER <b>J B FITZGERALD, CWO W4, USAF ASST CHIEF, PORT SEPARATION SECTION SECTION</b>					34. SIGNATURE OF OFFICER AUTHORIZED TO SIGN <i>J B Fitzgerald</i>				