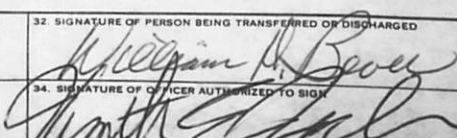
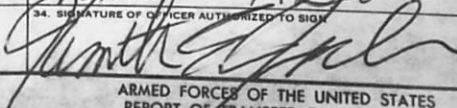


SAFEGUARD II.

PERSONAL DATA	1. LAST NAME - FIRST NAME - MIDDLE NAME			2. SERVICE NUMBER			3. SOCIAL SECURITY NUMBER				
		BEVER WILLIAM DAVID			AF17703327			3364			
PERSONAL DATA	4. DEPARTMENT, COMPONENT AND BRANCH OR CLASS				5a. GRADE, RATE OR RANK	6. PAY GRADE	8. DATE OF RANK	DAY	MONTH	YEAR	
	AIR FORCE REGAF				SGT	E-4		1	FEB	67	
PERSONAL DATA	7. U. S. CITIZEN		8. PLACE OF BIRTH (City and State or Country)			9. DATE OF BIRTH	DAY	MONTH	YEAR		
	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		WEBSTER CITY, IOWA				28	MAY	46		
SELECTIVE SERVICE DATA	10a. SELECTIVE SERVICE NUMBER			b. SELECTIVE SERVICE LOCAL BOARD NUMBER, CITY, COUNTY, STATE AND ZIP CODE			c. DATE INDUCTED				
	13 40 46 64			LB#13-40, WEBSTER CITY, HAMILTON, IOWA			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, CA						
TRANSFER OR DISCHARGE DATA	c. REASON AND AUTHORITY				2. EFFECTIVE DATE		DAY	MONTH	YEAR		
	CONVENIENCE OF THE GOVERNMENT						22	OCT	68		
TRANSFER OR DISCHARGE DATA	12. LAST DUTY ASSIGNMENT AND MAJOR COMMAND				13. CHARACTER OF SERVICE			b. TYPE OF CERTIFICATE ISSUED			
	635 SCTY POL SQ PACAF				HONORABLE			NA			
TRANSFER OR DISCHARGE DATA	14. DISTRICT, AREA COMMAND OR CORPS TO WHICH RESERVIST TRANSFERRED				15. REENLISTMENT CODE						
	AFRES				1						
SERVICE DATA	16. TERMINAL DATE OF RESERVE/UMTS OBLIGATION			17. CURRENT ACTIVE SERVICE OTHER THAN BY INDUCTION			b. TERM OF SERVICE (Years)		c. DATE OF ENTRY		
	DAY	MONTH	YEAR	a. SOURCE OF ENTRY			DAY	MONTH	YEAR		
	29	OCT	70	<input checked="" type="checkbox"/> ENLISTED (First Enlistment) <input type="checkbox"/> ENLISTED (Prior Service) <input type="checkbox"/> REENLISTED			4	30	OCT	64	
	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)				
	NONE			AIRMAN BASIC			DES MOINES, IOWA				
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	
	640 ELM ST, WEBSTER CITY, HAMILTON, IOWA 50595				a. CREDITABLE FOR BASIC PAY PURPOSES			(1) NET SERVICE THIS PERIOD	03	11	23
	23a. SPECIALTY NUMBER & TITLE				b. RELATED CIVILIAN OCCUPATION AND D.O.T. NUMBER			(2) OTHER SERVICE	00	00	00
	81150 SECURITY POLICEMAN				GUARD 372.868			(3) TOTAL (Line (1) plus Line (2))	03	11	23
					b. TOTAL ACTIVE SERVICE			03	11	23	
					c. FOREIGN AND/OR SEA SERVICE			01	09	09	
SERVICE DATA	24. DECORATIONS, MEDALS, BADGES, COMMENDATIONS, CITATIONS AND CAMPAIGN RIBBONS AWARDED OR AUTHORIZED										
	SMALL ARMS EXPERT MARKSMANSHIP RIBBON, SOG-561, 8DEC64, LMTC/ NATIONAL DEFENSE SERVICE MEDAL; AF GOOD CONDUCT MEDAL (30OCT64-29OCT67); VIETNAM SERVICE MEDAL W/2BSS; REPUBLIC OF VIETNAM CAMPAIGN MEDAL, AFM 900-3//										
SERVICE DATA	25. EDUCATION AND TRAINING COMPLETED										
	AIR POLICE CRSE ABR 77130, COMPL 65/ AIR POLICE AP SUPV CRSE #77150 (ECI), COMPL 65//										
VA AND EMP. SERVICE DATA	26a. NON-PAY PERIODS/TIME LOST (Preceding Two Years)			b. DAYS ACCRUED LEAVE PAID		27a. INSURANCE IN FORCE (NSLI or USGLI)		b. AMOUNT OF ALLOTMENT		c. MONTH ALLOTMENT DISCONTINUED	
	NO NON-PAY PERIODS NO TIME LOST			24 DAYS		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		\$ NA		NA	
				28. VA CLAIM NUMBER		29. SERVICEMEN'S GROUP LIFE INSURANCE COVERAGE					
				c- NONE		<input checked="" type="checkbox"/> \$10,000 <input type="checkbox"/> \$5,000 <input type="checkbox"/> NONE					
REMARKS	30. REMARKS										
	HIGH SCHOOL GRADUATED/ BLOOD GROUP A POS/ AQE: G-55, A-60, M-35, E-40, OCT64/ ODS: 22OCT68/ NAC COMPL 20NOV64 FILED 4TH DIST OSI/ "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."//										
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					
	PO BOX 3516 JEWELL, HAMILTON, IOWA 50130										
	33. TYPED NAME, GRADE AND TITLE OF AUTHORIZING OFFICER					34. SIGNATURE OF OFFICER AUTHORIZED TO SIGN					
	KENNETH E JACKSON 2D LT USAF ASST CHIEF, PORT SEPARATION SECTION										

DD FORM 214

PREVIOUS EDITIONS OF THIS FORM ARE OBSOLETE.

ARMED FORCES OF THE UNITED STATES
REPORT OF TRANSFER OR DISCHARGE

1

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1973 OCT 3 PM 4: 34

THE *no change*

RECORDER *Blaine Ely*

SCOTT COUNTY, IOWA

16188-73