

PERSONAL DATA	1. LAST NAME-FIRST NAME-MIDDLE NAME CARPENTER WILLIAM OWEN JR.		2. SERVICE NUMBER AF68116298		3. SOCIAL SECURITY NUMBER 311 56 9740			
	4. DEPARTMENT, COMPONENT AND BRANCH OR CLASS AIR FORCE REGAF		5a. GRADE, RATE OR RANK SGT	b. PAY GRADE E4	6. DATE OF RANK 01 JUN 71			
	7. U. S. CITIZEN <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		8. PLACE OF BIRTH (City and State or Country) BEECH GROVE, IN		9. DATE OF BIRTH 29 OCT 51			
SELECTIVE SERVICE DATA	10a. SELECTIVE SERVICE NUMBER NA		b. SELECTIVE SERVICE LOCAL BOARD NUMBER, CITY, COUNTY, STATE AND ZIP CODE NA			c. DATE INDUCTED NA		
	11a. TYPE OF TRANSFER OR DISCHARGE RELEASE FROM ACTIVE DUTY		b. STATION OR INSTALLATION AT WHICH EFFECTED TYNDALL AFB, PANAMA CITY, FL 32401					
TRANSFER OR DISCHARGE DATA	c. REASON AND AUTHORITY AFM 39-10, CH 3, SEC B, PARA 3-8e, SDN 314		d. EFFECTIVE DATE 30 MAR 73		12. LAST DUTY ASSIGNMENT AND MAJOR COMMAND 4756 SPSq (ADC)			
	13a. CHARACTER OF SERVICE HONORABLE		b. TYPE OF CERTIFICATE ISSUED NA					
	14. DISTRICT, AREA COMMAND OR CORPS TO WHICH RESERVIST TRANSFERRED USAFR		15. REENLISTMENT CODE 1					
	16. TERMINAL DATE OF RESERVE/UMT&S OBLIGATION 29 JUN 75		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: 852		b. TERM OF SERVICE (Years) 04		c. DATE OF ENTRY 30 JUN 69	
	18. PRIOR REGULAR ENLISTMENTS NONE		19. GRADE, RATE OR RANK AT TIME OF ENTRY INTO CURRENT ACTIVE SVC AB (E1)		20. PLACE OF ENTRY INTO CURRENT ACTIVE SERVICE (City and State) INDIANAPOLIS, IN			
SERVICE DATA	21. HOME OF RECORD AT TIME OF ENTRY INTO ACTIVE SERVICE (Street, RFD, City, County, State and ZIP Code) WHITELAND, JOHNSON, IN.		22. STATEMENT OF SERVICE		YEARS MONTHS DAYS			
	23a. SPECIALTY NUMBER & TITLE 81150 SECURITY SPECIALIST		b. RELATED CIVILIAN OCCUPATION AND D.O.T. NUMBER GUARD 372.868		a. CREDITABLE FOR BASIC PAY PURPOSES			
					(1) NET SERVICE THIS PERIOD 03 09 01			
					(2) OTHER SERVICE 00 00 00			
				(3) TOTAL (Line (1) plus Line (2)) 03 09 01				
				b. TOTAL ACTIVE SERVICE 03 09 01				
				c. FOREIGN AND/OR SEA SERVICE 01 00 00				
24. DECORATIONS, MEDALS, BADGES, COMMENDATIONS, CITATIONS AND CAMPAIGN RIBBONS AWARDED OR AUTHORIZED NDSM, VSM, RVCM, AFOUA AFM 900-3.								
25. EDUCATION AND TRAINING COMPLETED BASIC MIL TNG 00010, COMPL 69. SEC POL 3AER81130, COMPL 69. SENTRY DOG HANDLER CRSE 3AIR81130A, COMPL 69. SEC POL, SEC POL SUP, SEN DOG QUAL 811110 BCI COMPL 70. SEC POL CRSE 81150 COMPL 70.								
VA AND EMP. SERVICE DATA	26a. NON-PAY PERIODS TIME LOST (Preceding Two Years) NO TIME LOST		b. DAYS ACCRUED LEAVE PAID 40		27a. INSURANCE IN FORCE (NSLI or USGLI) <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		b. AMOUNT OF ALLOTMENT NA	
			28. VA CLAIM NUMBER C- NA		29. SERVICEMEN'S GROUP LIFE INSURANCE COVERAGE <input checked="" type="checkbox"/> \$15,000 <input type="checkbox"/> \$10,000 <input type="checkbox"/> \$5,000 <input type="checkbox"/> NONE			c. MONTH ALLOTMENT DISCONTINUED NA
REMARKS	30. REMARKS HIGH SCHOOL: GRAD. BLOOD GROUP: O-POS. AGE: M90, A25, G75, E80. DAFSC: 81150. INAC JUL 69, DOD NACC OSI WASHINGTON D.C. VIETNAM-YES KOREA-NO INDOCHINA-NO "I HAVE BEEN COUNSELED AS TO THE 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) 521 HOLLYBROOK DR. NEW WHITELAND, JOHNSON, IN 46184				32. SIGNATURE OF PERSON BEING TRANSFERRED OR DISCHARGED <i>William O. Carpenter</i>			
	33. TYPED NAME, GRADE AND TITLE OF AUTHORIZING OFFICER DONALD H. BRUNSON, SMSGT, USAF CHIEF, CAC				34. SIGNATURE OF OFFICER AUTHORIZED TO SIGN <i>Donald H. Brunson</i>			

PREVIOUS EDITION OF THIS FORM IS TO BE USED.

ARMED FORCES OF THE UNITED STATES
REPORT OF TRANSFER OR DISCHARGE

FORM 214

