

**THIS IS AN IMPORTANT RECORD  
SAFEGUARD IT.**

PERSONAL DATA	1. LAST NAME-FIRST NAME-MIDDLE NAME <b>CAVE JIM CALVAN</b>			2. SERVICE NUMBER <b>FR585-46-6355</b>			3. SOCIAL SECURITY NUMBER <b>6355</b>			
	4. DEPARTMENT, COMPONENT AND BRANCH OR CLASS <b>AIR FORCE, RegAF</b>			5c. GRADE, RATE OR RANK <b>SGT</b>		b. PAY GRADE <b>E-4</b>	g. DATE OF RANK <b>1 Jan 72</b>	DAY	MONTH	YEAR
	7. U. S. CITIZEN <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		d. PLACE OF BIRTH (City and State or Country) <b>Albuquerque, New Mexico</b>				d. DATE OF BIRTH <b>6 Jun 50</b>	DAY	MONTH	YEAR
SELECTIVE SERVICE DATA	10a. SELECTIVE SERVICE NUMBER <b>29 1 50 1197</b>			b. SELECTIVE SERVICE LOCAL BOARD NUMBER, CITY, COUNTY, STATE AND ZIP CODE <b>1B-1, Albuquerque(Bernalillo Co) NM 87101</b>			c. DATE INDUCTED <b>NA</b>			
	11 a. TYPE OF TRANSFER OR DISCHARGE <b>Discharge</b>			b. STATION OR INSTALLATION AT WHICH EFFECTED <b>Holloman AFB, Alamogordo, New Mexico</b>						
TRANSFER OR DISCHARGE DATA	c. REASON AND AUTHORITY <b>AFM 35-4(SDN 273). Physical disability with entitlement to receive disability severance pay</b>			2. EFFECTIVE DATE <b>12 Sep 72</b>	DAY	MONTH	YEAR			
	12. LAST DUTY ASSIGNMENT AND MAJOR COMMAND <b>49 Secty Police Sq (TAC)</b>			13 a. CHARACTER OF SERVICE <b>HONORABLE</b>			b. TYPE OF CERTIFICATE ISSUED <b>DD FORM 256AF</b>			
	14. DISTRICT, AREA COMMAND OR CORPS TO WHICH REENLISTMENT TRANSFERRED <b>NA</b>						15. REENLISTMENT CODE <b>2</b>			
	16. TERMINAL DATE OF RESERVE/UNLTD OBLIGATION <b>NA</b>			17. CURRENT ACTIVE SERVICE OTHER THAN BY INDUCTION a. SOURCE OF ENTRY <input checked="" type="checkbox"/> ENLISTED (First Enlistment) <input type="checkbox"/> ENLISTED (After Service) <input type="checkbox"/> REENLISTED <input type="checkbox"/> OTHER <b>AFQT 65-II</b>			b. TERM OF SERVICE (Years) <b>4</b>	c. DATE OF ENTRY <b>24 Nov 69</b>		
18. PRIOR REGULAR ENLISTMENTS <b>None</b>			19. GRADE, RATE OR RANK AT TIME OF ENTRY INTO CURRENT ACTIVE SVC <b>AB</b>		20. PLACE OF ENTRY INTO CURRENT ACTIVE SERVICE (City and State) <b>Albuquerque, New Mexico</b>					
21. HOME OF RECORD AT TIME OF ENTRY INTO ACTIVE SERVICE (Street, RFD, City, County, State and ZIP Code) <b>3937 Calle del Prado SW, Albuquerque(Bernalillo Co) NM 87105</b>			22. STATEMENT OF SERVICE			YEARS	MONTHS	DAYS		
23a. SPECIALTY NUMBER & TITLE <b>81130A-1, Patrol Dog Handler</b>			23b. RELATED CIVILIAN OCCUPATION AND O.C.O. NUMBER <b>Guard 372.868</b>			c. CREDITABLE FOR BASIC PAY PURPOSES	(1) NET SERVICE THIS PERIOD	02	09	19
						(2) OTHER SERVICE	00	00	00	
						(3) TOTAL (Line (1) plus Line (2))	02	09	19	
24. DECORATIONS, MEDALS, BADGES, COMMENDATIONS, CITATIONS AND CAMPAIGN RIBBONS AWARDED OR AUTHORIZED <b>NDSM, AFM 900-3</b>			b. TOTAL ACTIVE SERVICE	02	09	19	c. FOREIGN AND/OR SEA SERVICE	01	00	00
25. EDUCATION AND TRAINING COMPLETED <b>Secty Police Combat Preparedness Crse, Compl 1970 Patrol Dog Crse 81130A, Compl 1970 ECY Crse 8110, Compl 1971 OJT Trainer/Supvr Crse 4AJF75000-30, Compl 1972</b>										
VA AND EMP. SERVICE DATA	26a. NON-PAY PERIODS TIME LOST (Preceding Two Years) <b>No time lost</b>			b. DAYS ACCRUED LEAVE PAID <b>11</b>		27. INSURANCE IN FORCE (INSURANCE OF USOLS) <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		a. AMOUNT OF ALLOTMENT <b>NA</b>		c. MONTH ALLOTMENT DISCONTINUED <b>NA</b>
	28. VA CLAIM NUMBER <b>C- None</b>			29. SERVICEMAN'S GROUP LIFE INSURANCE COVERAGE <input checked="" type="checkbox"/> \$25,000 <input type="checkbox"/> \$10,000 <input type="checkbox"/> \$5,000 <input type="checkbox"/> NONE						
REMARKS	30. REMARKS <b>High School-graduated. Blood Group O-Pos. AGE-Nov 69: M-55, A-50, G-60, E-85. LNAC, 18Dec69, DOD NACC, Wash DC. DAFSC: 81150. Indochina-No. Korea-No. Vietnam-Yes. Paid Disability Severance Pay \$2,196.00.</b>									
AUTHENTICATION	31. PERMANENT ADDRESS FOR MAILING PURPOSES AFTER TRANSFER OR DISCHARGE (Street, RFD, City, County, State and ZIP Code) <b>Same as Item 21</b>					32. SIGNATURE OF PERSON BEING TRANSFERRED OR DISCHARGED <i>Jim Calvan Cave</i>				
	33. TYPED NAME, GRADE AND TITLE OF AUTHORIZING OFFICER <b>THOMAS L. MORTON, CMSGT, USAF NCOIC, WING OJT</b>					34. SIGNATURE OF OFFICER AUTHORIZED TO SIGN <i>Thomas Morton</i>				