

PERSONAL DATA	1. LAST NAME - FIRST NAME - MIDDLE NAME <b>DAVIS RICHARD GARY</b>			2. SERVICE NUMBER <b>AF14925171</b>			3. SOCIAL SECURITY NUMBER <b>255   70   1973</b>				
	4. DEPARTMENT, COMPONENT AND BRANCH OR CLASS <b>AIR FORCE RegAF</b>			5a. GRADE, RATE OR RANK <b>SGT</b>		5b. PAY GRADE <b>E4</b>	6. DATE OF RANK <b>1   Oct   67</b>	DAY	MONTH	YEAR	
	7. U.S. CITIZEN <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		8. PLACE OF BIRTH (City and State or Country) <b>Waycross, Ga</b>				9. DATE OF BIRTH <b>13   Oct   45</b>	DAY	MONTH	YEAR	
SELECTIVE SERVICE DATA	10a. SELECTIVE SERVICE NUMBER <b>9   35   45   175</b>			10b. SELECTIVE SERVICE LOCAL BOARD NUMBER, CITY, COUNTY, STATE AND ZIP CODE <b>LB #35, Douglas (Coffee) Ga</b>			10c. DATE INDUCTED <b>H/A</b>				
	11a. TYPE OF TRANSFER OR DISCHARGE <b>Release From Active Duty</b>			11b. STATION OR INSTALLATION AT WHICH EFFECTED <b>Robins AFB, Ga</b>							
TRANSFER OR DISCHARGE DATA	12. REASON AND AUTHORITY <b>(SDN 715) Convenience of the Government, Par 3-BQ, Sec B, Ch 2, AFM 39-10 &amp; Hqg AFPHAKP B/163/68, 13 Dec 68</b>			13. CHARACTER OF SERVICE <b>HONORABLE</b>	14. EFFECTIVE DATE <b>28   Jan   69</b>	DAY	MONTH	YEAR	15. TYPE OF CERTIFICATE ISSUED <b>H/A</b>		
	12. LAST DUTY ASSIGNMENT AND MAJOR COMMAND <b>2853 AD Gp AFLC</b>			13. CHARACTER OF SERVICE <b>HONORABLE</b>							
	14. DISTRICT, AREA COMMAND OR CORPS TO WHICH RESERVIST TRANSFERRED <b>AFRES (ORS) ANPC</b>			15. REENLISTMENT CODE <b>RE-1</b>							
	16. TERMINAL DATE OF RESERVE/UMTS OBLIGATION <b>19   Sep   71</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 <b>AFQT-7C-27-IV</b>			18. TERM OF SERVICE (Years) <b>4</b>	19. DATE OF ENTRY <b>20   Sep   65</b>			
SERVICE DATA	18. PRIOR REGULAR ENLISTMENTS <b>None</b>			19. GRADE, RATE OR RANK AT TIME OF ENTRY INTO CURRENT ACTIVE SVC <b>AD E1</b>		20. PLACE OF ENTRY INTO CURRENT ACTIVE SERVICE (City and State) <b>Jacksonville, Fla</b>					
	21. HOME OF RECORD AT TIME OF ENTRY INTO ACTIVE SERVICE (Street, RFD, City, County, State and ZIP Code) <b>601 N Grady, Douglas (Coffee) Ga</b>			22. STATEMENT OF SERVICE							
	23a. SPECIALTY NUMBER & TITLE <b>81150 - Sec Policeman</b>			23b. RELATED CIVILIAN OCCUPATION AND D.O.T. NUMBER <b>None</b>			CREDITABLE FOR BASIC PAY PURPOSES	(1) NET SERVICE THIS PERIOD	YEARS	MONTHS	DAYS
							(2) OTHER SERVICE	0	0	0	
							(3) TOTAL (Line (1) plus Line (2))	3	4	9	
							b. TOTAL ACTIVE SERVICE	3	4	9	
						c. FOREIGN AND/OR SEA SERVICE	0	11	29		
24. DECORATIONS, MEDALS, BADGES, COMMENDATIONS, CITATIONS AND CAMPAIGN RIBBONS AWARDED OR AUTHORIZED <b>NDSM, VSM w/1 BSS, RVCM, AFGCH, AFM 900-3.</b>											
25. EDUCATION AND TRAINING COMPLETED <b>Air Policeman Crse. Air Police-AP/Supv Crse (ECI).</b>											
VA AND EMP. SERVICE DATA	26a. NON-PAY PERIODS/TIME LOST (Preceding Two Years) <b>No time lost</b>			26b. DAYS ACCRUED LEAVE PAID <b>5</b>		27. INSURANCE IN FORCE (NLI or USGLI) <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		28. AMOUNT OF ALLOTMENT <b>N/A</b>		29. MONTH ALLOTMENT DISCONTINUED <b>N/A</b>	
	28. VA CLAIM NUMBER <b>C- N/A</b>			20. SERVICEMEN'S GROUP LIFE INSURANCE COVERAGE <input checked="" type="checkbox"/> \$10,000 <input type="checkbox"/> \$5,000 <input type="checkbox"/> NONE							
REMARKS	30. REMARKS <b>High School, graduated. Blood Group: B-Pos. ODSO: 5 Aug 68. NAC, 16 Oct 64. 4th Dist OSI. M-55, A-55, G-60, E-45, Jul 65.</b>										
AUTHENTICATION	31. PERMANENT ADDRESS FOR MAILING PURPOSES AFTER TRANSFER OR DISCHARGE (Street, RFD, City, County, State and ZIP Code) <b>See item 21</b>					32. SIGNATURE OF PERSON BEING TRANSFERRED OR DISCHARGED <i>Richard G. Davis</i>					
	33. TYPED NAME, GRADE AND TITLE OF AUTHORIZING OFFICER <b>EDITH J JONES, 2ND LT, USAF Asst Chief, Car Con Br</b>					34. SIGNATURE OF OFFICER AUTHORIZED TO SIGN <i>[Signature]</i>					

DD FORM 214 JUL 64

PREVIOUS EDITIONS OF THIS FORM ARE OBSOLETE.

ARMED FORCES OF THE UNITED STATES  
REPORT OF TRANSFER OR DISCHARGE

<p>1</p>	<p>2</p>	<p>3</p>	<p>4</p>
<p>5</p>	<p>6</p>	<p>7</p>	<p>8</p>
<p>9</p>	<p>10</p>	<p>11</p>	<p>12</p>
<p>13</p>	<p>14</p>	<p>15</p>	<p>16</p>
<p>17</p>	<p>18</p>	<p>19</p>	<p>20</p>
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<p>25</p>	<p>26</p>	<p>27</p>	<p>28</p>
<p>29</p>	<p>30</p>	<p>31</p>	<p>32</p>
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<p>53</p>	<p>54</p>	<p>55</p>	<p>56</p>
<p>57</p>	<p>58</p>	<p>59</p>	<p>60</p>
<p>61</p>	<p>62</p>	<p>63</p>	<p>64</p>