


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

<b>PERSONAL DATA</b>	1. LAST NAME - FIRST NAME - MIDDLE NAME <b>DELPRETE JOHN VINCENT</b>		2. SERVICE NUMBER <b>AF11906618</b>			3. SOCIAL SECURITY NUMBER <b>6226</b>			
	4. DEPARTMENT, COMPONENT AND BRANCH OR CLASS <b>AIR FORCE REGAF</b>		5a. GRADE, RATE OR RANK <b>SSGT</b>	b. PAY GRADE <b>E-5</b>	6. DATE OF RANK <b>1 MAY 72</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>PROVIDENCE, RI</b>			9. DATE OF BIRTH <b>28 OCT 48</b>		DAY	MONTH
<b>SELECTIVE SERVICE DATA</b>	10a. SELECTIVE SERVICE NUMBER <b>37 10 48 520</b>		b. SELECTIVE SERVICE LOCAL BOARD NUMBER, CITY, COUNTY, STATE AND ZIP CODE <b>LB #10 PROVIDENCE, RI</b>			c. DATE INDUCTED <b>NA</b>			
						DAY	MONTH	YEAR	
<b>TRANSFER OR DISCHARGE DATA</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>						
	c. REASON AND AUTHORITY <b>PARA 3-8C, SEC B, CHAP 3, AFM 39-10 (SDN 411) COG</b>			d. EFFECTIVE DATE <b>16 NOV 72</b>	DAY	MONTH	YEAR		
	12. LAST DUTY ASSIGNMENT AND MAJOR COMMAND <b>56 SCTY POL SQ (PACAF)</b>			13. CHARACTER OF SERVICE <b>HONORABLE</b>		d. 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>		
<b>SERVICE DATA</b>	16. TERMINAL DATE OF RESERVE/UMTS OBLIGATION DAY MONTH YEAR <b>21 NOV 74</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: 633</b>			b. TERM OF SERVICE (Years) <b>4</b>		c. DATE OF ENTRY DAY MONTH YEAR <b>22 NOV 68</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>PROVIDENCE, RI</b>				
	21. HOME OF RECORD AT TIME OF ENTRY INTO ACTIVE SERVICE (Street, RFD, City, County, State and ZIP Code) <b>HOPE, RI</b>		22. STATEMENT OF SERVICE			YEARS	MONTHS	DAYS	
	23a. SPECIALTY NUMBER & TITLE <b>81150 SECURITY SPECL</b>		b. RELATED CIVILIAN OCCUPATION AND D.O.T. NUMBER <b>372.868 GUARD</b>		a. CREDITABLE FOR BASIC PAY PURPOSES				
					(1) NET SERVICE THIS PERIOD		<b>03</b>	<b>11</b>	<b>25</b>
					(2) OTHER SERVICE		<b>00</b>	<b>00</b>	<b>00</b>
					(3) TOTAL (Line (1) plus Line (2))		<b>03</b>	<b>11</b>	<b>25</b>
					b. TOTAL ACTIVE SERVICE		<b>03</b>	<b>11</b>	<b>25</b>
					c. FOREIGN AND/OR SEA SERVICE		<b>01</b>	<b>09</b>	<b>18</b>
	24. DECORATIONS, MEDALS, BADGES, COMMENDATIONS, CITATIONS AND CAMPAIGN RIBBONS AWARDED OR AUTHORIZED <b>NDSM, VSMw(1)BSS, RVCM, AFGCM: AFM 900-3/ AFM SOG-5410, HQ 7TH AF, 70//</b>								
25. EDUCATION AND TRAINING COMPLETED <b>SECURITY POL CRSE 3ABR81130, COMPL 69/CMBT SECURITY POL TRNG CRSE COMPL 69//</b>									
<b>VA AND EMP. SERVICE DATA</b>	26 a. NON-PAY PERIODS TIME LOST (Preceding Two Years) <b>NO NON PAY PERIODS</b>		b. DAYS ACCRUED LEAVE PAID <b>57 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>
	NO TIME LOST		28. VA CLAIM NUMBER <b>NONE</b>		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				
<b>REMARKS</b>	30. REMARKS <b>COLLEGE: A.A. DEGREE/BLOOD GP: B PCS/LNAC, 17DEC68, DOD NACC, FT HOLABIRD, MD/ M50 A75 G75 B90 UNDATED/PCS ASGMT TO: INDOCHINA: YES, VIETNAM: YES, KOREA: NO/"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/REENLISTMENT STANDARDS IN EFFECT AT THE TIME OF HIS APPLICATION."/</b>								
<b>AUTHENTICATION</b>	31. PERMANENT ADDRESS FOR MAILING PURPOSES AFTER TRANSFER OR DISCHARGE (Street, RFD, City, County, State and ZIP Code) <b>1379 HOPE ROAD HOPE, RI 02831</b>				32. SIGNATURE OF PERSON BEING TRANSFERRED OR DISCHARGED 				
	33. TYPED NAME, GRADE AND TITLE OF AUTHORIZING OFFICER <b>CHARLES M COOK, CAPT, USAF CHIEF, CAREER ASSISTANCE &amp; COUNSELING</b>				34. SIGNATURE OF OFFICER AUTHORIZED TO SIGN 