


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

PERSONAL DATA	1. LAST NAME - FIRST NAME - MIDDLE NAME <b>EID MICHAEL LOUIS</b>			2. SERVICE NUMBER <b>AF15713750</b>			3. SOCIAL SECURITY NUMBER <b>4870</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>E5</b>	6. DATE OF RANK DAY: <b>1</b> MONTH: <b>OCT</b> YEAR: <b>68</b>		
	7. U. S. CITIZEN <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		8. PLACE OF BIRTH (City and State or Country) <b>CINCINNATI, OH</b>				9. DATE OF BIRTH DAY: <b>29</b> MONTH: <b>OCT</b> YEAR: <b>46</b>		
SELECTIVE SERVICE DATA	10a. SELECTIVE SERVICE NUMBER <b>NA</b>			b. SELECTIVE SERVICE LOCAL BOARD NUMBER, CITY, COUNTY, STATE AND ZIP CODE <b>NA</b>			c. DATE INDUCTED DAY: MONTH: YEAR: <b>NA</b>		
	11a. TYPE OF TRANSFER OR DISCHARGE <b>RELEASE FROM ACTIVE DUTY</b>			b. STATION OR INSTALLATION AT WHICH EFFECTED <b>TRAVIS AFB, FAIRFIELD, CA</b>					
TRANSFER OR DISCHARGE DATA	c. REASON AND AUTHORITY <b>PARA 3-8C, SEC B, CHAP 3, AFM 39-10 (SDN 411) CONVENIENCE OF THE GOVERNMENT</b>			d. EFFECTIVE DATE DAY: <b>3</b> MONTH: <b>DEC</b> YEAR: <b>68</b>	12. LAST DUTY ASSIGNMENT AND MAJOR COMMAND <b>355 SCTY POLICE SQ PACAF</b>		13a. CHARACTER OF SERVICE <b>HONORABLE</b>		b. TYPE OF CERTIFICATE ISSUED <b>NA</b>
	14. DISTRICT, AREA COMMAND OR CORPS TO WHICH RESERVIST TRANSFERRED <b>AFRES</b>						15. REENLISTMENT CODE <b>1</b>		
	16. TERMINAL DATE OF RESERVE/UMT&S OBLIGATION DAY: <b>1</b> MONTH: <b>JUL</b> YEAR: <b>70</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: 8B (85-II)</b>			b. TERM OF SERVICE (Years) <b>46/12</b>	c. DATE OF ENTRY DAY: <b>2</b> MONTH: <b>JUL</b> YEAR: <b>64</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>CINCINNATI, OH</b>		
SERVICE DATA	21. HOME OF RECORD AT TIME OF ENTRY INTO ACTIVE SERVICE (Street, RFD, City, County, State and ZIP Code) <b>936 MAPLE AVE DAYTON, CAMPBELL, KY 41071</b>			22. STATEMENT OF SERVICE			YEARS	MONTHS	DAYS
	23a. SPECIALTY NUMBER & TITLE <b>81150 SECURITY POLICEMAN</b>			b. RELATED CIVILIAN OCCUPATION AND D.O.T. NUMBER <b>GUARD 372.868</b>			a. CREDITABLE FOR BASIC PAY PURPOSES	(1) NET SERVICE THIS PERIOD	04 05 02
							(2) OTHER SERVICE	00 00 00	
							(3) TOTAL (Line (1) plus Line (2))	04 05 02	
							b. TOTAL ACTIVE SERVICE	04 05 02	
						c. FOREIGN AND/OR SEA SERVICE	01 11 17		
24. DECORATIONS, MEDALS, BADGES, COMMENDATIONS, CITATIONS AND CAMPAIGN RIBBONS AWARDED OR AUTHORIZED <b>AF GOOD CONDUCT MEDAL (2JUL64-1JUL67)/NATIONAL DEFENSE SERVICE MEDAL/VIETNAM SERVICE MEDAL W/2BSS/REPUBLIC OF VIETNAM CAMPAIGN MEDAL, AFM 900-3/SMALL ARMS EXPERT MARKSMANSHIP RIBBON, SOG-23, 3 TFW, 66/AF COMMENDATION MEDAL, SOG-863, 7 AF, 66/AF</b>									
25. EDUCATION AND TRAINING COMPLETED <b>AIR POLICEMAN CRSE 77130, COMPL 64/</b>									
VA AND EMP. SERVICE DATA	26a. NON-PAY PERIODS/TIME LOST (Preceding Two Years) <b>NO NON-PAY PERIODS NO TIME LOST</b>			b. DAYS ACCRUED LEAVE PAID <b>15 DAYS</b>		27a. INSURANCE IN FORCE (NSLI or USGLI) <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		b. AMOUNT OF ALLOTMENT <b>\$ NA</b>	c. MONTH ALLOTMENT DISCONTINUED <b>NA</b>
				28. VA CLAIM NUMBER <b>C- NONE</b>		29. 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-GRAD/BLOOD GP A POS/AQE: JUN64 G-70 A-70 M-65 E-45/ODSD: 2DEC68/MAC COMPL 24JUL64, 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/REF ITEM 24: LONGEVITY SERVICE AWARD, AFM 900-3/</b>								
AUTHENTICATION	31. PERMANENT ADDRESS FOR MAILING PURPOSES AFTER TRANSFER OR DISCHARGE (Street, RFD, City, County, State and ZIP Code) <b>6 E CRESCENT AVE NEWPORT, CAMPBELL, KY 4071</b>					32. SIGNATURE OF PERSON BEING TRANSFERRED OR DISCHARGED 			
	33. TYPED NAME, GRADE AND TITLE OF AUTHORIZING OFFICER <b>ROBERT L. RAYBOURN, MSGT, USAF NCOIC, PORT SEPARATION SECTION</b>					34. SIGNATURE OF AUTHORIZED TO SIGN 