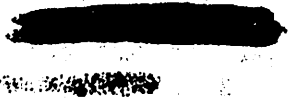


THIS IS AN IMPORTANT RECORD
SAFEGUARD IT.

PERSONAL DATA		2. SERVICE NUMBER		3. SOCIAL SECURITY NUMBER																			
1. LAST NAME - FIRST NAME - MIDDLE NAME CARLAND EDWARD ROBERT		AF11430547		[REDACTED]																			
4. DEPARTMENT, COMPONENT AND BRANCH OR CLASS AIR FORCE RegAF		5a. GRADE, RATE OR RANK A1C	b. PAY GRADE E-3	6. DATE OF RANK DAY: 1 MONTH: 1968 YEAR: 68																			
7. U. S. CITIZEN <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	8. PLACE OF BIRTH (City and State or Country) Providence, Rhode Island		9. DATE OF BIRTH DAY: 2 MONTH: Jan YEAR: 46																				
10a. SELECTIVE SERVICE NUMBER N/A		b. SELECTIVE SERVICE LOCAL BOARD NUMBER, CITY, COUNTY, STATE AND ZIP CODE N/A		c. DATE INDUCTED DAY: N/A MONTH: YEAR: 																			
11 a. TYPE OF TRANSFER OR DISCHARGE Release From Active Duty		b. STATION OR INSTALLATION AT WHICH EFFECTED Westover AFB, MA																					
c. REASON AND AUTHORITY AFM 39-10 (SIN 320) AF Form 107, Vol Appl for Sep, 99th CG (CHPO-NA) 27 April 1968		d. EFFECTIVE DATE DAY: 26 MONTH: Jul YEAR: 68																					
12. LAST DUTY ASSIGNMENT AND MAJOR COMMAND 99th SFG SAC		13 a. CHARACTER OF SERVICE HONORABLE		b. TYPE OF CERTIFICATE ISSUED N/A																			
14. DISTRICT, AREA COMMAND OR CORPS TO WHICH RESERVIST TRANSFERRED AFPOC		15. REENLISTMENT CODE 1																					
16. TERMINAL DATE OF RESERVE/UMTS OBLIGATION DAY: 25 MONTH: Oct YEAR: 70		17. CURRENT ACTIVE SERVICE OTHER THAN BY INDUCTION a. SOURCE OF ENTRY: <input type="checkbox"/> ENLISTED (First Enlistment) <input type="checkbox"/> ENLISTED (Prior Service) <input type="checkbox"/> REENLISTED <input checked="" type="checkbox"/> OTHER AFQT: Sep 56, III		b. TERM OF SERVICE (Years) 4	c. DATE OF ENTRY DAY: 26 MONTH: Oct YEAR: 64																		
18. PRIOR REGULAR ENLISTMENTS None (0)		19. GRADE, RATE OR RANK AT TIME OF ENTRY INTO CURRENT ACTIVE SVC Airman Basic		20. PLACE OF ENTRY INTO CURRENT ACTIVE SERVICE (City and State) Manchester, NH																			
21. HOME OF RECORD AT TIME OF ENTRY INTO ACTIVE SERVICE (Street, RFD, City, County, State and ZIP Code) 10 Cottage Street, Exeter, Rockingham, NH		22. STATEMENT OF SERVICE																					
23a. SPECIALTY NUMBER & TITLE 81130 Apr Sec Policeman		b. RELATED CIVILIAN OCCUPATION AND D.O.T. NUMBER		c. FOREIGN AND/OR SEA SERVICE																			
				<table border="1"> <thead> <tr> <th>YEARS</th> <th>MONTHS</th> <th>DAYS</th> </tr> </thead> <tbody> <tr> <td>03</td> <td>08</td> <td>01</td> </tr> <tr> <td>00</td> <td>00</td> <td>00</td> </tr> <tr> <td>03</td> <td>08</td> <td>01</td> </tr> <tr> <td>03</td> <td>08</td> <td>01</td> </tr> <tr> <td>00</td> <td>11</td> <td>26</td> </tr> </tbody> </table>		YEARS	MONTHS	DAYS	03	08	01	00	00	00	03	08	01	03	08	01	00	11	26
YEARS	MONTHS	DAYS																					
03	08	01																					
00	00	00																					
03	08	01																					
03	08	01																					
00	11	26																					
24. DECORATIONS, MEDALS, BADGES, COMMENDATIONS, CITATIONS AND CAMPAIGN RIBBONS AWARDED OR AUTHORIZED VSM AFM 900-3 NDSM AFM 900-3 RVCM AFM 900-3 AFPCM (26 Oct 64-25 Oct 67) AFM 900-3																							
25. EDUCATION AND TRAINING COMPLETED Basic Military Training Compl-64 Air Policeman Course Compl-65 Air Policeman Combat Preparedness Course Compl-66																							
26 a. NON-PAY PERIODS/TIME LOST (Preceding Two Years) None		b. DAYS ACCRUED LEAVE PAID 28	27 a. INSURANCE IN FORCE (NSLI or USGLI) <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	b. AMOUNT OF ALLOTMENT N/A	c. MONTH ALLOTMENT DISCONTINUED N/A																		
28. VA CLAIM NUMBER C- N/A		29. SERVICEMEN'S GROUP LIFE INSURANCE COVERAGE <input checked="" type="checkbox"/> \$10,000 <input type="checkbox"/> \$5,000 <input type="checkbox"/> NONE																					
30. REMARKS High School Graduate. Blood Group: O Neg. AOE Scores: M-65, A-45, G-60, Z-45, May 64. OASD: 2 Feb 68. National Agency Check Completed 16 Nov 64 filed 4th District OSI.																							
31. PERMANENT ADDRESS FOR MAILING PURPOSES AFTER TRANSFER OR DISCHARGE (Street, City, State and ZIP Code) 180 Main Street, Epping, N.H. 03042			32. SIGNATURE OF PERSON BEING TRANSFERRED OR DISCHARGED																				
33. NAME, GRADE AND TITLE OF AUTHORIZING OFFICER JAMES Y. DILL, 1LT, USAF CHIEF, CAREER CONTROL SECTION			34. SIGNATURE OF OFFICER AUTHORIZED TO SIGN																				



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