

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

PERSONAL DATA	1. LAST NAME-FIRST NAME-MIDDLE NAME HICKS WILLIAM JAMES		2. SERVICE NUMBER AF11741883		3. SOCIAL SECURITY NUMBER 0916																						
	4. DEPARTMENT, COMPONENT AND BRANCH OR CLASS AIR FORCE-Reg AF			5a. GRADE, RATE OR RANK SGT	b. PAY GRADE E4	c. DATE OF RANK 1 JUL 69	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) Dennison, Ohio		d. DATE OF BIRTH 4 JUL 49	DAY MONTH YEAR																					
SELECTIVE SERVICE DATA	10a. SELECTIVE SERVICE NUMBER 15 102 49 24		9. SELECTIVE SERVICE LOCAL BOARD NUMBER, CITY, COUNTY, STATE AND ZIP CODE LB#102, Hawesville, Kentucky			c. DATE INDUCTED N/A																					
	11a. TYPE OF TRANSFER OR DISCHARGE Release From Active Duty			b. STATION OR INSTALLATION AT WHICH EFFECTED Loring AFB, Limestone, Maine 04750																							
TRANSFER OR DISCHARGE DATA	c. REASON AND AUTHORITY AFM 39-10, Chap 3, Sec A (SDN 203)			d. EFFECTIVE DATE 3 SEP 71	DAY MONTH YEAR																						
	12. LAST DUTY ASSIGNMENT AND MAJOR COMMAND 407th AREFSq (SAC)			13a. CHARACTER OF SERVICE HONORABLE		b. TYPE OF CERTIFICATE ISSUED R/A																					
	14. DISTRICT, AREA COMMAND OR CORPS TO WHICH RESERVIST TRANSFERRED ARPC(ORS)			15. REENLISTMENT CODE 1																							
	16. TERMINAL DATE OF RESERVE/UNITED OBLIGATION DAY MONTH YEAR 6 SEP 73		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 b. OTHER AMQT: 7C 51 III		d. TERM OF SERVICE (Years) 4		e. DATE OF ENTRY DAY MONTH YEAR 7 SEP 67																				
18. PRIOR REGULAR ENLISTMENTS NONE		19. GRADE, RATE OR RANK AT TIME OF ENTRY INTO CURRENT ACTIVE SVC AB/E1		20. PLACE OF ENTRY INTO CURRENT ACTIVE SERVICE (City and State) Louisville, Kentucky																							
21. HOME OF RECORD AT TIME OF ENTRY INTO ACTIVE SERVICE (Street, RFD, City, County, State and ZIP Code) Box#104, Hawesville, Kentucky		22. STATEMENT OF SERVICE																									
23a. SPECIALTY NUMBER & TITLE 70250-Admin. Spec1.		b. RELATED CIVILIAN OCCUPATION AND D.O.T. NUMBER Clerk Typist 209.388		c. CREDITABLE FOR BASIC PAY PURPOSES																							
				<table border="1"> <tr> <td>(1) NET SERVICE THIS PERIOD</td> <td>03</td> <td>11</td> <td>27</td> </tr> <tr> <td>(2) OTHER SERVICE</td> <td>00</td> <td>00</td> <td>00</td> </tr> <tr> <td>(3) TOTAL (Line (1) plus Line (2))</td> <td>03</td> <td>11</td> <td>27</td> </tr> <tr> <td>d. TOTAL ACTIVE SERVICE</td> <td>03</td> <td>11</td> <td>27</td> </tr> <tr> <td>e. FOREIGN AND/OR SEA SERVICE</td> <td>00</td> <td>11</td> <td>25</td> </tr> </table>				(1) NET SERVICE THIS PERIOD	03	11	27	(2) OTHER SERVICE	00	00	00	(3) TOTAL (Line (1) plus Line (2))	03	11	27	d. TOTAL ACTIVE SERVICE	03	11	27	e. FOREIGN AND/OR SEA SERVICE	00	11	25
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24. DECORATIONS, MEDALS, BADGES, COMMENDATIONS, CITATIONS AND CAMPAIGN RIBBONS AWARDED OR AUTHORIZED NDSM, AFM 900-3/VSM, AFM 900-3/AFGCM (7 SEP 67-6 SEP 70), AFM 900-3/																											
25. EDUCATION AND TRAINING COMPLETED ABM 00010, Compl 67/Crs 10000, Compl 68/Crs 31150, Compl 68/																											
VA AND ENV. SERVICE DATA	26a. NON-PAY PERIODS TIME LOST (Preceding Two Years) NO LOST TIME		b. DAYS ACCRUED LEAVE PAID 27.0 TWENTY-SEVEN		27a. INSURANCE IN FORCE (NSLI or USGLD) <input type="checkbox"/> YES <input checked="" type="checkbox"/> NONE		c. MONTH ALLOTMENT DISCONTINUED N/A																				
			28. VA CLAIM NUMBER N/A		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																						
REMARKS	30. REMARKS High School-4-Compl 67/Blood Group: O POS/AQE SCORES: 14-20, A-50, G-50, E-45/IMAC 27 SEP 67, DOD NAC GEN, Ft. Holabird, Mo. "I have been counseled as to conditions for my reentry into the Air Force and I understand that every former member must meet the enlistment standards in effect at the time of his application."/																										
AUTHENTICATION	31. PERMANENT ADDRESS FOR MAILING PURPOSES AFTER TRANSFER OR DISCHARGE (Street, RFD, City, County, State and ZIP Code) rt#1, Big Prairie, Ohio 44611			32. SIGNATURE OF PERSON BEING TRANSFERRED OR DISCHARGED <i>William James Hicks</i>																							
	33. TYPED NAME, GRADE AND TITLE OF AUTHORIZING OFFICER PETER A. BOUCHARD, CAPTAIN, USAF CHIEF CBRO			34. SIGNATURE OF OFFICER AUTHORIZED TO SIGN <i>Peter A. Bouchard</i>																							

DD FORM 1 JUL 70 214

PREVIOUS EDITION OF THIS FORM IS TO BE USED.

ARMED FORCES OF THE UNITED STATES
REPORT OF TRANSFER OR DISCHARGE