

PERSONAL DATA	1. LAST NAME - FIRST NAME - MIDDLE NAME <b>HOWELL DON PHILLIP</b>		2. SERVICE NUMBER <b>AF15802083</b>		3. SOCIAL SECURITY NUMBER <b>██████████ 3196</b>			
	4. DEPARTMENT, COMPONENT AND BRANCH OR CLASS <b>AIR FORCE RegAF</b>		5a. GRADE, RATE OR RANK <b>SGT</b>	6. PAY GRADE <b>E-4</b>	7. DATE OF RANK DAY: <b>01</b> MONTH: <b>AUG</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>Palestine, Tx</b>		9. DATE OF BIRTH DAY: <b>02</b> MONTH: <b>JAN</b> YEAR: <b>47</b>			
SELECTIVE SERVICE DATA	10a. SELECTIVE SERVICE NUMBER <b>41 54 47 4</b>		b. SELECTIVE SERVICE LOCAL BOARD NUMBER, CITY, COUNTY, STATE AND ZIP CODE <b>LB#54, Longview, Gregg, Tx</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>SHEPPARD AFB, WICHITA FALLS, TEXAS</b>					
TRANSFER OR DISCHARGE DATA	c. REASON AND AUTHORITY <b>EFTO USAFMPC AFPMKP B/154/69</b>		d. MESSAGE UNCLAS <b>SDN715</b>		e. EFFECTIVE DATE DAY: <b>19</b> MONTH: <b>MAR</b> YEAR: <b>70</b>			
	12. LAST DUTY ASSIGNMENT AND MAJOR COMMAND <b>3750 Air Base Gp ATC</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>ARPC ORS 3800 York St., Denver, Colo 80205</b>					15. REENLISTMENT CODE <b>1</b>		
SERVICE DATA	16. TERMINAL DATE OF RESERVE/UMTS OBLIGATION DAY: <b>19</b> MONTH: <b>MAY</b> YEAR: <b>72</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-93, 1</b>		b. TERM OF SERVICE (Years) <b>4</b>		c. DATE OF ENTRY DAY: <b>20</b> MONTH: <b>MAY</b> YEAR: <b>66</b>	
	18. PRIOR REGULAR ENLISTMENTS <b>NONE</b>		19. GRADE, RATE OR RANK AT TIME OF ENTRY INTO CURRENT ACTIVE SVC <b>Airman Basic E-1</b>		20. PLACE OF ENTRY INTO CURRENT ACTIVE SERVICE (City and State) <b>Dallas, Tx</b>			
	21. HOME OF RECORD AT TIME OF ENTRY INTO ACTIVE SERVICE (Street, RFD, City, County, State and ZIP Code) <b>1406 Silver Falls, Longview, Gregg, Tx 75601</b>		22. STATEMENT OF SERVICE					
	23a. SPECIALTY NUMBER & TITLE <b>81150 Sec Police</b>		b. RELATED CIVILIAN OCCUPATION AND D.O.T. NUMBER <b>NONE</b>		a. CREDITABLE FOR BASIC PAY PURPOSES		YEARS MONTHS DAYS	
					(1) NET SERVICE THIS PERIOD		<b>03 10 00</b>	
					(2) OTHER SERVICE		<b>00 00 00</b>	
				(3) TOTAL (Line (1) plus Line (2))		<b>03 10 00</b>		
				b. TOTAL ACTIVE SERVICE		<b>03 10 00</b>		
				c. FOREIGN AND/OR SEA SERVICE		<b>01 00 01</b>		
24. DECORATIONS, MEDALS, BADGES, COMMENDATIONS, CITATIONS AND CAMPAIGN RIBBONS AWARDED OR AUTHORIZED <b>NDSM AFM 900-3; RVCM AFM 900-3; VSM w/1 B&amp;S; AFM (13Mar68-2Mar69) SOG-1087; AFGCM (20May66-19May69) AFM 900-3</b>								
25. EDUCATION AND TRAINING COMPLETED <b>BasicMilTngABM00010 Compl 66 AP Crse ABR77130 Compl 66</b>								
VA AND EMP. SERVICE DATA	26a. NON-PAY PERIODS/TIME LOST (Preceding Two Years) <b>NO TIME LOST</b>		b. DAYS ACCRUED LEAVE PAID <b>33</b>		27a. INSURANCE IN FORCE (NSLI or USGL) <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		b. AMOUNT OF ALLOTMENT <b>\$ NA</b>	
	26. 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>(1)High Sch - grad (2)Blood Gp 0 pos (3)AQE Scores G85, A90, M90, E90 (4)LNAC, 16Jun65 OSI Dist 4, Bolling AFB, DC (5)"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." (6)Early release due to budgetary limitations.</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 <b>Don P. Howell</b>			
	33. TYPED NAME, GRADE AND TITLE OF AUTHORIZING OFFICER <b>A. A. WUTHRICH, JR, MSGT, USAF</b>				34. SIGNATURE OF OFFICER AUTHORIZED TO SIGN <b>A. A. Wuthrich, Jr</b>			