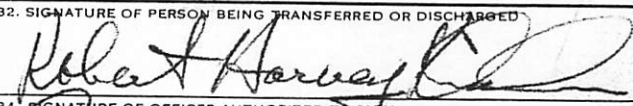


THIS IS AN IMPORTANT RECORD
SAFEGUARD IT.

PERSONAL DATA	1. LAST NAME - FIRST NAME - MIDDLE NAME KLINKER ROBERT HARVEY			2. SERVICE NUMBER AF18965933			3. SOCIAL SECURITY NUMBER 710 54 2188																													
	4. DEPARTMENT, COMPONENT AND BRANCH OR CLASS AIR FORCE Reg AF			5a. GRADE, RATE OR RANK Sgt		b. PAY GRADE E4	6. DATE OF RANK DAY: 01 MONTH: Jun YEAR: 71																													
	7. U. S. CITIZEN <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		8. PLACE OF BIRTH (City and State or Country) Germany				9. DATE OF BIRTH DAY: 31 MONTH: Mar YEAR: 48																													
SELECTIVE SERVICE DATA	10a. SELECTIVE SERVICE NUMBER NA		b. SELECTIVE SERVICE LOCAL BOARD NUMBER, CITY, COUNTY, STATE AND ZIP CODE NA				c. DATE INDUCTED DAY: MONTH: YEAR: NA																													
	11 a. TYPE OF TRANSFER OR DISCHARGE Discharge			b. STATION OR INSTALLATION AT WHICH EFFECTED RAF Upper Heyford, England																																
TRANSFER OR DISCHARGE DATA	c. REASON AND AUTHORITY AFM 39-10 (SDN 900 ETS)					d. EFFECTIVE DATE DAY: 14 MONTH: Oct YEAR: 72																														
	12. LAST DUTY ASSIGNMENT AND MAJOR COMMAND OLT, 7500ABS(USAF)			13 a. CHARACTER OF SERVICE HONORABLE			b. TYPE OF CERTIFICATE ISSUED DD Form 256AF																													
	14. DISTRICT, AREA COMMAND OR CORPS TO WHICH RESERVIST TRANSFERRED NA						15. REENLISTMENT CODE NA																													
	16. TERMINAL DATE OF RESERVE/UMTS OBLIGATION DAY: MONTH: YEAR: NA			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 checked="" type="checkbox"/> REENLISTED <input type="checkbox"/> OTHER			b. TERM OF SERVICE (Years) 4	c. DATE OF ENTRY DAY: 15 MONTH: Oct YEAR: 68																												
18. PRIOR REGULAR ENLISTMENTS One			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) Portland Or																														
21. HOME OF RECORD AT TIME OF ENTRY INTO ACTIVE SERVICE (Street, RFD, City, County, State and ZIP Code) Portland Or			22. STATEMENT OF SERVICE																																	
23a. SPECIALTY NUMBER & TITLE 81250-Law Enforcement Spec			b. RELATED CIVILIAN OCCUPATION AND D.O.T. NUMBER NA																																	
						<table border="1"> <thead> <tr> <th></th> <th>YEARS</th> <th>MONTHS</th> <th>DAYS</th> </tr> </thead> <tbody> <tr> <td>a. CREDITABLE FOR BASIC PAY PURPOSES</td> <td></td> <td></td> <td></td> </tr> <tr> <td>(1) NET SERVICE THIS PERIOD</td> <td>04</td> <td>00</td> <td>00</td> </tr> <tr> <td>(2) OTHER SERVICE</td> <td>00</td> <td>01</td> <td>06</td> </tr> <tr> <td>(3) TOTAL (Line (1) plus Line (2))</td> <td>04</td> <td>01</td> <td>06</td> </tr> <tr> <td>b. TOTAL ACTIVE SERVICE</td> <td>04</td> <td>00</td> <td>00</td> </tr> <tr> <td>c. FOREIGN AND/OR SEA SERVICE</td> <td>03</td> <td>01</td> <td>14</td> </tr> </tbody> </table>				YEARS	MONTHS	DAYS	a. CREDITABLE FOR BASIC PAY PURPOSES				(1) NET SERVICE THIS PERIOD	04	00	00	(2) OTHER SERVICE	00	01	06	(3) TOTAL (Line (1) plus Line (2))	04	01	06	b. TOTAL ACTIVE SERVICE	04	00	00	c. FOREIGN AND/OR SEA SERVICE	03	01	14
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b. TOTAL ACTIVE SERVICE	04	00	00																																	
c. FOREIGN AND/OR SEA SERVICE	03	01	14																																	
24. DECORATIONS, MEDALS, BADGES, COMMENDATIONS, CITATIONS AND CAMPAIGN RIBBONS AWARDED OR AUTHORIZED NDSM SAEMR VSM RVCMM AFGCM (15Oct68-14Oct71) AFLSA																																				
25. EDUCATION AND TRAINING COMPLETED Basic Mil Tng ABM 00010 - Completed-1968 Sec Polmn Sec Pol Sup (ECI 81150) - Completed-1968 Upgr Trng Gen Subj (ECI Crse 10000) - Completed-1969																																				
VA AND EMP. SERVICE DATA	26 a. NON-PAY PERIODS TIME LOST (Preceding Two Years) No Time Lost		b. DAYS ACCRUED LEAVE PAID		27 a. INSURANCE IN FORCE (NSLI or USGLI) <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		b. AMOUNT OF ALLOTMENT NA		c. MONTH ALLOTMENT DISCONTINUED NA																											
			28. VA CLAIM NUMBER NA		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 Graduated Blood Group O Pos M-55, A-60, G-60, E-45 LNAC, 16Dec68, 4th Dist OSI Bolling AFB, D.C.																																			
AUTHENTICATION	31. PERMANENT ADDRESS FOR MAILING PURPOSES AFTER TRANSFER OR DISCHARGE (Street, RFD, City, County, State and ZIP Code) 2316 N.E. 32nd Place Portland, Or 97212				32. SIGNATURE OF PERSON BEING TRANSFERRED OR DISCHARGED 																															
	33. TYPED NAME, GRADE AND TITLE OF AUTHORIZING OFFICER JAMES R. BENTLEY, SMSGT USAF Ch, Career Assistance & Counseling Section				34. SIGNATURE OF OFFICER AUTHORIZED TO SIGN 