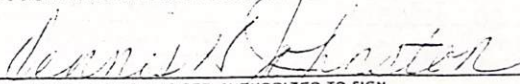
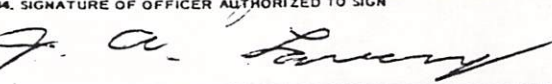


DLM

THIS IS AN IMPORTANT RECORD
SAFEGUARD IT.

| PERSONAL DATA | 1. LAST NAME - FIRST NAME - MIDDLE NAME JOHNSTON DENNIS HILARY | | 2. SERVICE NUMBER AF19804829 | | 3. SOCIAL SECURITY NUMBER ██████████ 4754 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------|-------------------------------------------------|--|-------|--------|------|--------------------------------------|--|--|--|-----------------------------|----|----|----|-------------------|----|----|----|------------------------------------|----|----|----|-------------------------|----|----|----|-------------------------------|----|----|----|
| | 4. DEPARTMENT, COMPONENT AND BRANCH OR CLASS AIR FORCE RegAF | | 5a. GRADE, RATE OR RANK A1C | b. PAY GRADE E3 | 6. DATE OF RANK DAY 1 MONTH Feb YEAR 66 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | 7. U. S. CITIZEN <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO | | 8. PLACE OF BIRTH (City and State or Country) Tacoma, WA | | 9. DATE OF BIRTH DAY 15 MONTH Sep YEAR 44 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| SELECTIVE SERVICE DATA | 10a. SELECTIVE SERVICE NUMBER 45 11 44 313 | | b. SELECTIVE SERVICE LOCAL BOARD NUMBER, CITY, COUNTY, STATE AND ZIP CODE LB#11, Tacoma, Pierce, WA 98406 | | c. DATE INDUCTED DAY MONTH YEAR NA | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | 11a. TYPE OF TRANSFER OR DISCHARGE Discharge | | b. STATION OR INSTALLATION AT WHICH EFFECTED Lowry AFB, CO | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| TRANSFER OR DISCHARGE DATA | c. REASON AND AUTHORITY SecA, Ch3, AFM39-10 Expiration of Term of Service SDN 900 | | | d. EFFECTIVE DATE 9 Sep 68 | DAY MONTH YEAR | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | 12. LAST DUTY ASSIGNMENT AND MAJOR COMMAND 3415 AB GP (ATC) | | 13a. 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 checked="" type="checkbox"/> ENLISTED (First Enlistment) <input type="checkbox"/> ENLISTED (Prior Service) <input type="checkbox"/> REENLISTED <input type="checkbox"/> OTHER AFQT 7c 74 II | | b. TERM OF SERVICE (Years) 04 | c. DATE OF ENTRY DAY MONTH YEAR 10 Sep 64 | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 18. PRIOR REGULAR ENLISTMENTS None | | 19. GRADE, RATE OR RANK AT TIME OF ENTRY INTO CURRENT ACTIVE SVC AB E-1 | | 20. PLACE OF ENTRY INTO CURRENT ACTIVE SERVICE (City and State) Seattle, WA | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 21. HOME OF RECORD AT TIME OF ENTRY INTO ACTIVE SERVICE (Street, RFD, City, County, State and ZIP Code) 1502 N Proctor St, Tacoma, Pierce, WA 98406 | | 22. STATEMENT OF SERVICE | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 23a. SPECIALTY NUMBER & TITLE 81150 Scty Policeman | | 5. RELATED CIVILIAN OCCUPATION AND D.O.T. NUMBER Unk | | <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>00</td> <td>00</td> </tr> <tr> <td>(3) TOTAL (Line (1) plus Line (2))</td> <td>04</td> <td>00</td> <td>00</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>01</td> <td>11</td> <td>27</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 | 00 | 00 | (3) TOTAL (Line (1) plus Line (2)) | 04 | 00 | 00 | b. TOTAL ACTIVE SERVICE | 04 | 00 | 00 | c. FOREIGN AND/OR SEA SERVICE | 01 | 11 | 27 |
| | YEARS | MONTHS | DAYS | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| a. CREDITABLE FOR BASIC PAY PURPOSES | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| (1) NET SERVICE THIS PERIOD | 04 | 00 | 00 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| (2) OTHER SERVICE | 00 | 00 | 00 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| (3) TOTAL (Line (1) plus Line (2)) | 04 | 00 | 00 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| b. TOTAL ACTIVE SERVICE | 04 | 00 | 00 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| c. FOREIGN AND/OR SEA SERVICE | 01 | 11 | 27 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 24. DECORATIONS, MEDALS, BADGES, COMMENDATIONS, CITATIONS AND CAMPAIGN RIBBONS AWARDED OR AUTHORIZED SAEMR SOG-475, 90Oct64, LMTC. AFQM (29Dec66-29Nov67) SOG-2291, 19Dec67, Hq 7th AF. NDSM AFM 900-3. VSM AFM 900-3. RVCM AFM 900-3. AFGCM(19Feb65-18Feb68) AFM 900-3. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 25. EDUCATION AND TRAINING COMPLETED Air Policeman Crse 77130 1964. Air Police/AP Supvr ECI (CDC) 77150 1965. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| VA AND EMP. SERVICE DATA | 26a. NON-PAY PERIODS/TIME LOST (Preceding Two Years) No time lost | | b. DAYS ACCRUED LEAVE PAID NOT PAID See Item 30 | | 27a. INSURANCE IN FORCE (NSLI or USGLI) <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | 28. VA CLAIM NUMBER c. NA | | 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 High School-Graduated Blood Group O Pos/AQE: M-55, A-80, G-70, E-65 Aug64. OBSD: 24Dec67/BI Conducted, 31Dec64, 10th OSI District. Excess leave 16 days. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | 31. PERMANENT ADDRESS FOR MAILING PURPOSES AFTER TRANSFER OR DISCHARGE (Street, RFD, City, County, State and ZIP Code) See #21 | | | 32. SIGNATURE OF PERSON BEING TRANSFERRED OR DISCHARGED  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| AUTHENTICATION | 33. TYPED NAME, GRADE AND TITLE OF AUTHORIZING OFFICER J A LAVERY, 1ST LT, USAF | | | 34. SIGNATURE OF OFFICER AUTHORIZED TO SIGN  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

DD FORM 214
1 JUL 66

PREVIOUS EDITIONS OF THIS FORM ARE OBSOLETE.

GPO : 1967 O-239-377

ARMED FORCES OF THE UNITED STATES
REPORT OF TRANSFER OR DISCHARGE