

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

PERSONAL DATA	1. LAST NAME - FIRST NAME - MIDDLE NAME <b>LANDESS WILLIAM WAYNE</b>		2. SERVICE NUMBER <b>AF68010807</b>		3. SOCIAL SECURITY NUMBER [REDACTED]		
	4. DEPARTMENT, COMPONENT AND BRANCH OR CLASS <b>ATR FORCE REGAF</b>		5a. GRADE, RATE OR RANK <b>SSGT</b>	6. PAY GRADE <b>E-5</b>	7. DATE OF RANK <b>1 OCT 72</b>	8. DATE OF RANK <b>1 OCT 72</b>	
	7. U. S. CITIZEN <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		9. PLACE OF BIRTH (City and State or Country) <b>ST JOSEPH MO</b>		9. DATE OF BIRTH <b>22 MAY 49</b>	10. DATE INDUCTED <b>NA</b>	11. DATE INDUCTED <b>NA</b>
SELECTIVE SERVICE DATA	10a. SELECTIVE SERVICE NUMBER <b>230 11 19 0286</b>		b. SELECTIVE SERVICE LOCAL BOARD NUMBER, CITY, COUNTY, STATE AND ZIP CODE <b>LB # 11 ST JOSEPH MO</b>			c. DATE INDUCTED <b>NA</b>	
	11a. TYPE OF TRANSFER OR DISCHARGE <b>RELEASE FROM ACTIVE DUTY</b>			b. STATION OR INSTALLATION AT WHICH EFFECTED <b>TRAVIS AFB FAIRFIELD CA</b>			
TRANSFER OR DISCHARGE DATA	c. REASON AND AUTHORITY <b>PARA 3-8C, SEC B, CHAP 3, AFM 39-10 (SDN 411) COG</b>			d. EFFECTIVE DATE <b>5 JAN 73</b>	DAY <b>5</b>	MONTH <b>JAN</b>	YEAR <b>73</b>
	12. LAST DUTY ASSIGNMENT AND MAJOR COMMAND <b>388 SPS (PACAF)</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>USAFR</b>			15. REENLISTMENT CODE <b>1</b>			
	16. TERMINAL DATE OF RESERVE/UMTS OBLIGATION DAY MONTH YEAR <b>8 DEC 74</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 802</b>		b. TERM OF SERVICE (Years) <b>4</b>	c. DATE OF ENTRY DAY MONTH YEAR <b>6 MAR 69</b>	
18. PRIOR REGULAR ENLISTMENTS <b>NONE</b>		19. GRADE, RATE OR RANK AT TIME OF ENTRY INTO CURRENT ACTIVE SVC <b>AB</b>		20. PLACE OF ENTRY INTO CURRENT ACTIVE SERVICE (City and State) <b>ST JOSEPH MO</b>			
21. HOME OF RECORD AT TIME OF ENTRY INTO ACTIVE SERVICE (Street, RFD, City, County, State and ZIP Code) <b>ST JOSEPH MO</b>		22. STATEMENT OF SERVICE		YEARS	MONTHS	DAYS	
23a. SPECIALTY NUMBER & TITLE <b>81150 SGTLY SPEC</b>		b. RELATED CIVILIAN OCCUPATION AND D.O.T. NUMBER <b>372.686 GUARD</b>		a. CREDITABLE FOR BASIC PAY PURPOSES	(1) NET SERVICE THIS PERIOD <b>03 10 00</b>	(2) OTHER SERVICE <b>00 02 27</b>	
				(3) TOTAL (Line (1) plus Line (2)) <b>04 00 27</b>	b. TOTAL ACTIVE SERVICE <b>03 10 00</b>	c. FOREIGN AND/OR SEA SERVICE <b>01 11 29</b>	
24. DECORATIONS, MEDALS, BADGES, COMMENDATIONS, CITATIONS AND CAMPAIGN RIBBONS AWARDED OR AUTHORIZED <b>NDSM, VSM, RVCM, SAEMR, AFGCM: AFM 900-3//</b>							
25. EDUCATION AND TRAINING COMPLETED <b>SCTY POLICE CRSE ABR81130 COMPL 69/SCTY POLICE CRT PREP CRSE 3AZR81150 COMPL 71//</b>							
VA AND EMP. SERVICE DATA	26a. NON-PAY PERIODS TIME LOST (Preceding Two Years) <b>NO NON PAY PERIODS</b>		b. DAYS ACCRUED LEAVE PAID <b>17 DAYS</b>		27a. INSURANCE IN FORCE (NSLI or USGLI) <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	b. AMOUNT OF ALLOTMENT <b>NONE</b>	c. MONTH ALLOTMENT DISCONTINUED <b>NA</b>
	NO TIME LOST		28. VA CLAIM NUMBER <b>C- NA</b>		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 <b>COLLEGE 1YR/BLOOD GP 0 POS/M35 A75 G65 E55 UNDATED/BI 17 JUN 69 10 DIST OSI HQ USAF WASH DC./DAFSC: 81150/PCS ASGMT TO: INDOCHINA: YES VIETNAM: YES KOREA: NO/"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/REENLISTMENT STANDARDS IN EFFECT AT THE TIME OF HIS APPLICATION."/</b>						
AUTHENTICATION	31. PERMANENT ADDRESS FOR MAILING PURPOSES AFTER TRANSFER OR DISCHARGE (Street, RFD, City, County, State and ZIP Code) <b>3328 BURNSIDE ST JOSEPH MO 64505</b>			32. SIGNATURE OF PERSON BEING TRANSFERRED OR DISCHARGED <i>William W. Landess</i>			
	33. TYPED NAME, GRADE AND TITLE OF AUTHORIZING OFFICER <b>R SCHMIDT MSGT, USAF NCOIC, REENLISTMENT'S &amp; SEPERATIONS</b>			34. SIGNATURE OF OFFICER AUTHORIZED TO SIGN <i>R Schmidt</i>			



Dear Mr. [Name],

I am writing to you regarding the [Topic].

The [Topic] is a very important [Topic].

I have [Action] [Topic] [Topic].

I am [Action] [Topic] [Topic].

I am [Action] [Topic] [Topic].

I am [Action] [Topic] [Topic].

I am [Action] [Topic] [Topic].

I am [Action] [Topic] [Topic].

I am [Action] [Topic] [Topic].

I am [Action] [Topic] [Topic].

I am [Action] [Topic] [Topic].

I am [Action] [Topic] [Topic].

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I am [Action] [Topic] [Topic].

I am [Action] [Topic] [Topic].