

THIS IS AN IMPORTANT RECORD  
SAFEGUARD IT.

14 MAY 1969

PERSONAL DATA	1. LAST NAME - FIRST NAME - MIDDLE NAME <b>MILLER WILLIAM DALE</b>		2. SERVICE NUMBER <b>AF15744355</b>		3. SOCIAL SECURITY NUMBER <b>6555</b>		
	4. DEPARTMENT, COMPONENT AND BRANCH OR CLASS <b>AIR FORCE REGAF</b>		5a. GRADE, RATE OR RANK <b>SGT</b>	b. PAY GRADE <b>E-4</b>	6. DATE OF RANK DAY <b>1</b> MONTH <b>JUN</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>DAYTON, OHIO</b>		9. DATE OF BIRTH DAY <b>4</b> MONTH <b>JUN</b> YEAR <b>46</b>		
SELECTIVE SERVICE DATA	10a. SELECTIVE SERVICE NUMBER <b>33 405 46 489</b>		b. SELECTIVE SERVICE LOCAL BOARD NUMBER, CITY, COUNTY, STATE AND ZIP CODE <b>LB # 405, DAYTON, MONTGOMERY, OHIO</b>			c. DATE INDUCTED DAY MONTH YEAR <b>NA</b>	
	11 a. TYPE OF TRANSFER OR DISCHARGE <b>RELEASE FROM ACTIVE DUTY</b>		b. STATION OR INSTALLATION AT WHICH EFFECTED <b>TRAVIS AFB, FAIRFIELD, CA</b>			d. EFFECTIVE DATE DAY <b>22</b> MONTH <b>APR</b> YEAR <b>69</b>	
TRANSFER OR DISCHARGE DATA	12. LAST DUTY ASSIGNMENT AND MAJOR COMMAND <b>8TH SCTY POLICE SQ PACAF</b>		13 a. 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>AFRES</b>		15. REENLISTMENT CODE <b>1</b>		c. DATE OF ENTRY DAY MONTH YEAR <b>22 NOV 65</b>		
	16. TERMINAL DATE OF RESERVE/UNIT'S OBLIGATION DAY MONTH YEAR <b>21 NOV 71</b>		17. CURRENT ACTIVE SERVICE OTHER THAN BY INDUCTION 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; 8C(89-II)</b>		d. TERM OF SERVICE (Years) <b>4</b>		
SERVICE DATA	18. PRIOR REGULAR ENLISTMENTS <b>NONE</b>		19. GRADE, RATE OR RANK AT TIME OF ENTRY INTO CURRENT ACTIVE SVC <b>AIRMAN BASIC</b>		20. PLACE OF ENTRY INTO CURRENT ACTIVE SERVICE (City and State) <b>CINCINNATI, OHIO</b>		
	21. HOME OF RECORD AT TIME OF ENTRY INTO ACTIVE SERVICE (Street, RFD, City, County, State and ZIP Code) <b>317 COLONIAL LANE, DAYTON, MONTGOMERY, OHIO</b>		22. STATEMENT OF SERVICE		YEARS MONTHS DAYS		
	23a. SPECIALTY NUMBER & TITLE <b>81150A SENTRY DOG HANDLER</b>		b. RELATED CIVILIAN OCCUPATION AND D.O.T. NUMBER <b>GUARD 372.868</b>		a. CREDITABLE FOR BASIC PAY PURPOSES		
					(1) NET SERVICE THIS PERIOD <b>03 05 01</b>		
					(2) OTHER SERVICE <b>00 00 00</b>		
				(3) TOTAL (Line (1) plus Line (2)) <b>03 05 01</b>			
				b. TOTAL ACTIVE SERVICE <b>03 05 01</b>			
				c. FOREIGN AND/OR SEA SERVICE <b>00 11 26</b>			
24. DECORATIONS, MEDALS, BADGES, COMMENDATIONS, CITATIONS AND CAMPAIGN RIBBONS AWARDED OR AUTHORIZED <b>NDSM, VSM, W/1 BSS, RVCM, AFGCM(22NOV65-21NOV68), AFM 900-3/ SAEMR, SOG-1, 3JAN66 LMTC//</b>							
25. EDUCATION AND TRAINING COMPLETED <b>NONE//</b>							
VA AND EMP. SERVICE DATA	26a. NON-PAY PERIODS/TIME LOST (Preceding Two Years) <b>NO NON-PAY PERIODS NO TIME LOST</b>		b. DAYS ACCRUED LEAVE PAID <b>42 DAYS</b>		27 a. INSURANCE IN FORCE (NSLI or USGLI) <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		c. MONTH ALLOTMENT DISCONTINUED <b>NA</b>
			28. 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>HS-GRAD/ BLOOD GP A POS/ AQE; G-75, A-85, M-60, E-90, OCT65/ ODSO; 21APR69/ BI CONDUCTED 13JAN66 FILED 10TH DIST OSI/ " 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."/</b>						
AUTHENTICATION	31. PERMANENT ADDRESS FOR MAILING PURPOSES AFTER TRANSFER OR DISCHARGE (Street, RFD, City, County, State and ZIP Code) <b>6332 BRANTFORD RD., DAYTON, MONTGOMERY, OHIO, 45414</b>			32. SIGNATURE OF PERSON BEING TRANSFERRED OR DISCHARGED <i>William D. Miller</i>			
	33. NAME, GRADE AND TITLE OF AUTHORIZING OFFICER <b>RAYMOND J. HYER TS/SGT USAF NCOIC PORT SEPARATION SECTION</b>			34. SIGNATURE OF OFFICER AUTHORIZED TO SIGN <i>Raymond J. Hyer</i>			

DD FORM 214 JUL 66

PREVIOUS EDITIONS OF THIS FORM ARE OBSOLETE

ARMED FORCES OF THE UNITED STATES  
REPORT OF TRANSFER OR DISCHARGE

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