

PERSONAL DATA	1. LAST NAME - FIRST NAME - MIDDLE NAME <b>MICKLE WILLIAM JOSEPH III</b>			2. SERVICE NUMBER <b>AF12710640</b>			3. SOCIAL SECURITY NUMBER <b>024 36 4711</b>			
	4. DEPARTMENT, COMPONENT AND BRANCH OR CLASS <b>AIR FORCE RegAF</b>			5. GRADE, RATE OR RANK <b>SGT</b>		6. PAY GRADE <b>E-4</b>	7. DATE OF RANK <b>1 Jun 68</b>	8. DAY <b>1</b>	9. MONTH <b>Jun</b>	10. YEAR <b>68</b>
	11. U.S. CITIZEN <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		12. PLACE OF BIRTH (City and State or Country) <b>Pittsfield, Massachusetts</b>				13. DATE OF BIRTH <b>14 Oct 46</b>	14. DAY <b>14</b>	15. MONTH <b>Oct</b>	16. YEAR <b>46</b>
SELECTIVE SERVICE DATA	17. SELECTIVE SERVICE NUMBER <b>NA</b>			18. SELECTIVE SERVICE LOCAL BOARD NUMBER CITY COUNTY STATE AND ZIP CODE <b>NA</b>			19. DATE INDUCTED <b>NA</b>			
	20. TYPE OF TRANSFER OR DISCHARGE <b>Release From Active Duty</b>			21. STATION OR INSTALLATION AT WHICH EFFECTED <b>Westover AFB, Massachusetts</b>						
TRANSFER OR DISCHARGE DATA	22. REASON AND AUTHORITY <b>AFM 39-10 (SDN 203) Convenience of the Government</b>			23. EFFECTIVE DATE <b>20 Sep 68</b>	24. DAY <b>20</b>	25. MONTH <b>Sep</b>	26. YEAR <b>68</b>	27. TYPE OF CERTIFICATE ISSUED <b>NA</b>		
	28. LAST DUTY ASSIGNMENT AND MAJCOM COMMAND <b>99th SPS (SAC)</b>			29. CHARACTER OF SERVICE <b>HONORABLE</b>			30. REENLISTMENT CODE <b>1</b>			
	31. DISTRICT AREA COMMAND OR CORPS TO WHICH RESERVIST TRANSFERRED <b>AFRes</b>			32. DATE OF ENTRY <b>22 Sep 64</b>						
	33. TERMINAL DATE OF RESERVE/UMTS OBLIGATION <b>21 Sep 70</b>			34. SOURCE OF ENTRY <input checked="" type="checkbox"/> ENLISTED (First Enlistment) <input type="checkbox"/> ENLISTED (Prior Service) <input type="checkbox"/> REENLISTED <b>AFQI: 8b, 40, III</b>			35. TERM OF SERVICE (Years) <b>4</b>	36. DAY <b>22</b>	37. MONTH <b>Sep</b>	38. YEAR <b>64</b>
SERVICE DATA	39. PRIOR REGULAR ENLISTMENTS <b>None (0)</b>	40. GRADE, RATE OR RANK AT TIME OF ENTRY INTO CURRENT ACTIVE SVC <b>Airman Basic</b>		41. PLACE OF ENTRY INTO CURRENT ACTIVE SERVICE (City and State) <b>Albany, New York</b>						
	42. HOME OF RECORD AT TIME OF ENTRY INTO ACTIVE SERVICE (Street, RFD, City, County, State and ZIP Code) <b>Cascade Street, Pittsfield Berkshire County, Massachusetts</b>			43. STATEMENT OF SERVICE			44. YEARS	45. MONTHS	46. DAYS	
	47. SPECIALTY NUMBER & TITLE <b>81130 Security Police</b>	48. RELATED CIVILIAN OCCUPATION AND I/O NUMBER <b>Guard, Sergeant 372.168</b>		49. CREDITABLE FOR BASIC PAY PURPOSES	50. (1) NET SERVICE THIS PERIOD <b>03 11 29</b>	51. (2) OTHER SERVICE <b>00 00 00</b>	52. (3) TOTAL (Line (1) plus Line (2)) <b>03 11 29</b>	53. (4) TOTAL ACTIVE SERVICE <b>03 11 29</b>	54. (5) FOREIGN AND/OR SEA SERVICE <b>01 00 01</b>	
	55. DECORATIONS, MEDALS, BADGES, COMMENDATIONS, CITATIONS AND CAMPAIGN RIBBONS AWARDED OR AUTHORIZED <b>SAEMR SO-1 834th Air Police Sq HDSM AFM 900-3 / AFQIA (4&amp;5Dec66) SOGB-116, DAF, 31 Mar 67 VSM (w/BSS) AFM 900-3 / RVCM AFM 900-3 / AFGCM (22Sep64-21Sep67) AFM 900-3</b>									
	56. EDUCATION AND TRAINING COMPLETED <b>Basic Mil Tng Ph 1 &amp; II Compl-64</b>									
	57. NON-PAY PERIODS, TIME LOST (Preceding Two Years) <b>None</b>	58. DAYS ACCRUED LEAVE PAID <b>28</b>		59. INSURANCE IN FORCE (NSLI or USGLI) <input type="checkbox"/> YES <input checked="" type="checkbox"/> NONE	60. AMOUNT OF ALLOTMENT <b>NA</b>		61. MONTH ALLOTMENT DISCONTINUED <b>NA</b>			
62. VA CLAIM NUMBER <b>C- NA</b>	63. SERVICEMEN'S GROUP LIFE INSURANCE COVERAGE <input checked="" type="checkbox"/> \$10,000 <input type="checkbox"/> \$5,000 <input type="checkbox"/> NONE									
REMARKS	64. REMARKS <b>High School Graduate. Blood Group: O Pos. AQE Scores: M-65, A-40, G-50, E-15, Sep 64. ODSO: 9 Nov 67. BACKGROUND Investigation conducted 28 Feb 66 filed 9th District OSI. "I have been counceled 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>									
	65. PERMANENT ADDRESS FOR MAILING PURPOSES AFTER TRANSFER OR DISCHARGE (Street, RFD, City, County, State and ZIP Code) <b>136 Center Street Lee, Massachusetts 01238</b>					66. SIGNATURE OF PERSON BEING TRANSFERRED OR DISCHARGED <i>William J. Mickle III</i>				
AUTHENTICATION	67. TYPED NAME, GRADE AND TITLE OF AUTHORIZING OFFICER <b>JOHN L. MOODY, CAPT, USAF CHIEF, CAREER CONTROL SECTION</b>					68. SIGNATURE OF OFFICER AUTHORIZED TO SIGN <i>[Signature]</i>				

I hereby certify that this is a true copy  
made at the Office of the Veterans Service,  
Pittsfield, MA this 27th day of Mar. 1990.

*Leresa Musacchio*

Notary Public

My Commission Expires April 3, 1992