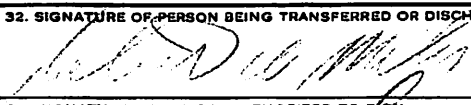


**THIS IS AN IMPORTANT RECORD  
SAFEGUARD IT.**

PERSONAL DATA	1. LAST NAME - FIRST NAME - MIDDLE NAME <b>MILES ROBERT WAYNE</b>			2. SERVICE NUMBER <b>AF11422032</b>			3. SOCIAL SECURITY NUMBER <b>043 36 7949</b>				
	4. DEPARTMENT, COMPONENT AND BRANCH OR CLASS <b>AIR FORCE RegAF</b>			5a. GRADE, RATE OR RANK <b>Sgt</b>		5b. PAY GRADE <b>E4</b>	6. DATE OF RANK DAY: <b>1</b> MONTH: <b>Feb</b> YEAR: <b>67</b>				
	7. U. S. CITIZEN <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		8. PLACE OF BIRTH (City and State or Country) <b>Portland, Maine</b>			9. DATE OF BIRTH DAY: <b>27</b> MONTH: <b>Apr</b> YEAR: <b>45</b>					
SPECIFIC SERVICE DATA	10a. SELECTIVE SERVICE NUMBER <b>6 25 45 218</b>			10b. SELECTIVE SERVICE LOCAL BOARD NUMBER, CITY, COUNTY, STATE AND ZIP CODE <b>LB#25, New London, New London, Connecticut</b>			10c. DATE INDUCTED DAY: MONTH: YEAR: <b>NA</b>				
	11a. TYPE OF TRANSFER OR DISCHARGE <b>Release from active duty</b>			11b. STATION OR INSTALLATION AT WHICH EFFECTED <b>McChord AFB Tacoma, Washington</b>							
TRANSFER OR DISCHARGE DATA	11c. REASON AND AUTHORITY <b>Section B, Chapter 3, AFM 39-10, (SDN-203)</b>					11d. EFFECTIVE DATE DAY: <b>1</b> MONTH: <b>Nov</b> YEAR: <b>67</b>					
	12. LAST DUTY ASSIGNMENT AND MAJOR COMMAND <b>633 Security Police Sq PACAF</b>			13a. CHARACTER OF SERVICE <b>HONORABLE</b>			13b. TYPE OF CERTIFICATE ISSUED <b>None</b>				
	14. DISTRICT, AREA COMMAND OR CORPS TO WHICH RESERVIST TRANSFERRED <b>AFRes</b>						15. REENLISTMENT CODE <b>12</b>				
	16. TERMINAL DATE OF RESERVE/UMTS OBLIGATION DAY: <b>1</b> MONTH: <b>Jul</b> YEAR: <b>69</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 7B (56-III)</b>			17b. TERM OF SERVICE (Years) <b>4 1/2</b>	17c. DATE OF ENTRY DAY: <b>2</b> MONTH: <b>Jul</b> YEAR: <b>63</b>			
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>New Haven, Connecticut</b>							
21. HOME OF RECORD AT TIME OF ENTRY INTO ACTIVE SERVICE (Street, RFD, City, County, State and ZIP Code) <b>55 Buckeye Rd, Groton, New London, Connecticut</b>			22. STATEMENT OF SERVICE								
23a. SPECIALTY NUMBER & TITLE <b>81150 Security Policeman</b>			23b. RELATED CIVILIAN OCCUPATION AND D.O.T. NUMBER <b>Unknown</b>			22a. CREDITABLE FOR BASIC PAY PURPOSES			22b. TOTAL ACTIVE SERVICE		
						(1) NET SERVICE THIS PERIOD <b>04 04 00</b>			(2) OTHER SERVICE <b>00 00 00</b>		
						(3) TOTAL (Line (1) plus Line (2)) <b>04 04 00</b>			c. FOREIGN AND/OR SEA SERVICE <b>02 00 18</b>		
24. DECORATIONS, MEDALS, BADGES, COMMENDATIONS, CITATIONS AND CAMPAIGN RIBBONS AWARDED OR AUTHORIZED <b>SAEMR SO M-85, 24 Jun 64, 52 Ftr Wg/ NDSM AFM 900-3/ AFQCM (2 Jul 63-1 Jul 66), SOG-75, Hq 314 ADiv, 10 Oct 66/ VSM AFM 900-3/ AM SOG-1417, 11 Sep 67, Hq 7thAF.</b>											
25. EDUCATION AND TRAINING COMPLETED <b>Basic Mil Tng ABM-00010, 1963. Air Policeman Crse #ABR 77130, 1963.</b>											
VA AND EMP. SERVICE DATA	26a. NON-PAY PERIODS/TIME LOST (Preceding Two Years) <b>No Time Lost</b>			26b. DAYS ACCRUED LEAVE PAID <b>60</b>		27a. INSURANCE IN FORCE (NSLI or USGLI) <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		27b. AMOUNT OF ALLOTMENT <b>\$ NA</b>		27c. MONTH ALLOTMENT DISCONTINUED <b>NA</b>	
				28. VA CLAIM NUMBER <b>c- None</b>		29. SERVICEMEN'S GROUP LIFE INSURANCE COVERAGE <input type="checkbox"/> \$10,000 <input type="checkbox"/> \$5,000 <input checked="" type="checkbox"/> NONE					
REMARKS	30. REMARKS <b>High School-Graduated. Blood Group: A-Pos. AOE Scores: M35 A65 G75 E45, Apr 63. ODSB: 31 Oct 67. National Agency Check completed 25 Jul 63, filed DO#4, OSI IG.</b>										
	31. PERMANENT ADDRESS FOR MAILING PURPOSES AFTER TRANSFER OR DISCHARGE (Street, RFD, City, County, State and ZIP Code) <b>Box 603 RFD#1, Whalehead Rd, Gales Ferry, Connecticut 06335</b>					32. SIGNATURE OF PERSON BEING TRANSFERRED OR DISCHARGED 					
AUTHENTICATION	33. TYPED NAME, GRADE AND TITLE OF AUTHORIZING OFFICER <b>WILLIAM STADAK, SMSGT, USAF Sep Center Certifying Official</b>					34. SIGNATURE OF OFFICER AUTHORIZED TO SIGN 