

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

PERSONAL DATA	1. LAST NAME - FIRST NAME - MIDDLE NAME MILLER JAMES LAWRENCE		2. SERVICE NUMBER AF19669918		3. SOCIAL SECURITY NUMBER 533 42 1582		
	4. DEPARTMENT, COMPONENT AND BRANCH OR CLASS AIR FORCE REGAF		5a. GRADE, RATE OR RANK SSGT	b. PAY GRADE E-5	6. DATE OF RANK 1 JUN 68		
	7. U. S. CITIZEN <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		8. PLACE OF BIRTH (City and State or Country) STOCKTON CALIF		9. DATE OF BIRTH 15 SEP 42		
SELECTIVE SERVICE DATA	10a. SELECTIVE SERVICE NUMBER 45 13 42 1117		10b. SELECTIVE SERVICE LOCAL BOARD NUMBER, CITY, COUNTY, STATE AND ZIP CODE LB #13 TACOMA (PIERCE) WASHINGTON 98445			c. DATE INDUCTED NA	
	11a. TYPE OF TRANSFER OR DISCHARGE DISCHARGE		11b. STATION OR INSTALLATION AT WHICH EFFECTED MCGUIRE AFB NJ				
TRANSFER OR DISCHARGE DATA	c. REASON AND AUTHORITY PAR 3-8C SEC B CH 3 AFM 39-10 (SDN 411)				d. EFFECTIVE DATE 14 AUG 72	e. DATE OF ENTRY 19 AUG 68	
	12. LAST DUTY ASSIGNMENT AND MAJOR COMMAND 7100 SCTY POL SQ (USAFE)		13a. CHARACTER OF SERVICE HONORABLE		13b. TYPE OF CERTIFICATE ISSUED DDFM 256 AF		
	14. DISTRICT, AREA COMMAND OR CORPS TO WHICH RESERVIST TRANSFERRED NA				15. REENLISTMENT CODE RE-1		
	16. TERMINAL DATE OF RESERVE/UMTS OBLIGATION NA		17. CURRENT ACTIVE SERVICE OTHER THAN BY INDUCTION a. SOURCE OF ENTRY: <input type="checkbox"/> UNLISTED (First Enlistment) <input type="checkbox"/> ENLISTED (Prior Service) <input checked="" type="checkbox"/> REENLISTED <input type="checkbox"/> OTHER			17b. TERM OF SERVICE (Years) 4	
18. PRIOR REGULAR ENLISTMENTS 2		19. GRADE, RATE OR RANK AT TIME OF ENTRY INTO CURRENT ACTIVE SVC SGT E-4		20. PLACE OF ENTRY INTO CURRENT ACTIVE SERVICE (City and State) PAINTE FIELD WASHINGTON			
21. HOME OF RECORD AT TIME OF ENTRY INTO ACTIVE SERVICE (Street, RFD, City, County, State and ZIP Code) 10101 24TH AVE E TACOMA WASH (PIERCE) 98445		22a. STATEMENT OF SERVICE		22b. CREDITABLE FOR BASIC PAY PURPOSES			
23a. SPECIALTY NUMBER & TITLE T75172 TNG TECH		23b. RELATED CIVILIAN OCCUPATION AND D.O.T. NUMBER VOC GUIDENCE COUNSLER		24. DECORATIONS, MEDALS, BADGES, COMMENDATIONS, CITATIONS AND CAMPAIGN RIBBONS AWARDED OR AUTHORIZED VSM BSS AFM 900-3 RVCN AFM 900-3 NDSM AFM 900-3			
25. EDUCATION AND TRAINING COMPLETED TRNG SPEGL TECH CRSE 75172 (ECI) COMPL 68 TECH INSTR REFRESHER CRSE 75101-6 COMPL 68							
VA AND EMP. SERVICE DATA	26a. NON-PAY PERIODS TIME LOST (Preceding Two Years) NO TIME LOST		26b. DAYS ACCRUED LEAVE PAID 50		27a. INSURANCE IN FORCE (NLI or USGLI) <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		27b. AMOUNT OF ALLOTMENT NA
	28. VA CLAIM NUMBER C- NA		29. SERVICEMEN'S GROUP LIFE INSURANCE COVERAGE <input checked="" type="checkbox"/> \$10,000 <input type="checkbox"/> \$10,000 <input type="checkbox"/> \$5,000 <input type="checkbox"/> NONE				
REMARKS	30. REMARKS 3 YRS COLLEGE BLOOD GROUP A-POS DAFSC T75172 BI COMPLETED 30 NOV 60 OSI DIST #4 VIETNAM KOREA INDOCHINA NO AQE G75 A85 M55 E55 I HAVE BEEN COUNSELED AS TO CONDITIONS FOR MY REENTRY INTO THE AF AND I UNDERSTAND THAT EVERY FORMER AF MEMBER MUST MEET THE ENLISTMENT STANDARDS IN EFF AT THE TIME OF HIS APP						
AUTHENTICATION	31. PERMANENT ADDRESS FOR MAILING PURPOSES AFTER TRANSFER OR DISCHARGE (Street, RFD, City, County, State and ZIP Code) SAME AS ITEM #21			32. SIGNATURE OF PERSON BEING TRANSFERRED OR DISCHARGED <i>James L. Miller</i>			
	33. TYPED NAME, GRADE AND TITLE OF AUTHORIZING OFFICER A N DALO SMSGT USAF			34. SIGNATURE OF OFFICER AUTHORIZED TO SIGN <i>AN Dal</i>			

DD FORM 1 JUL 70 214

PREVIOUS EDITION OF THIS FORM IS TO BE USED.

ARMED FORCES OF THE UNITED STATES
REPORT OF TRANSFER OR DISCHARGE

DATE OF ENTRY INTO ACTIVE SERVICE: 16 Feb 1973

CORRECTION TO DD FORM 214, ARMED FORCES OF THE UNITED STATES REPORT OF TRANSFER OR DISCHARGE

DEPARTMENT, COMPONENT AND BRANCH OR CLASS: AIR FORCE REGAF

IDENTIFICATION DATA

LAST NAME-FIRST NAME-MIDDLE NAME: MILLER JAMES LAWRENCE

SERVICE NUMBER: AF19669918

SOC SEC ACCT NO.: 533-42-1582

EFFECTIVE DATE OF TRANSFER OR DISCHARGE (Year, Month, Day): 72 Aug 14

SELECTIVE SERVICE LOCAL BOARD NUMBER (City, County and State) LB #13: Tacoma, Pierce, Washington 98445

HOME OF RECORD AT TIME OF ENTRY INTO ACTIVE SERVICE (Street, RFD, City, County, State and ZIP Code): 10101 24th Ave E. Tacoma, Pierce, WA 98445

PERMANENT ADDRESS FOR MAILING GIVEN ON ORIGINAL DD FORM 214: Same as Home of Record

CORRECTIONS

THE ORIGINAL ARMED FORCES OF THE UNITED STATES REPORT OF TRANSFER OR DISCHARGE (DD Form 214) FOR THE ABOVE-NAMED INDIVIDUAL IS CORRECTED AS INDICATED BELOW:

CORRECTED TO READ

- | ITEM NO. | DATE |
|----------|----------|
| 22a(1) | 03-11-26 |
| 22a(2) | 08-00-20 |
| 22a(3) | 12-00-16 |
| 22b | 11-03-24 |
| 22c | 01-11-27 |

LAST ENTRY THIS SECTION

D. L. Roatch
 D. L. ROATCH, Asst Chief
 Reference Services Branch
 Directorate of Res Pers Rcrds
 (Signature of Authenticating Officer)

DD FORM 215
 1 MAR 68

REPLACES EDITION OF 1 NOV 55, WHICH IS OBSOLETE AFTER 31 DEC 65.