

1. LAST NAME - FIRST NAME - MIDDLE NAME McNABB CARL DOUGLAS			2. SEX M	3. SOCIAL SECURITY NUMBER [REDACTED]	4. DATE OF BIRTH YEAR: 35 MONTH: DEC DAY: 04																													
5. DEPARTMENT, COMPONENT AND BRANCH OR CLASS AIR FORCE REGAF			6. GRADE, RATE OR RANK TSGT	7. PAY GRADE E-6	7. DATE OF RANK YEAR: MONTH: DAY:																													
8a. SELECTIVE SERVICE NUMBER SEE ITEM #27	b. SELECTIVE SERVICE LOCAL BOARD NUMBER, CITY, STATE AND ZIP CODE N/A		c. HOME OF RECORD AT TIME OF ENTRY INTO ACTIVE SERVICE (Street, RFD, City, State and ZIP Code) PHILA, TENN 37846																															
9a. TYPE OF SEPARATION RETIREMENT			b. STATION OR INSTALLATION AT WHICH EFFECTED LANGLEY AFB VA 23665																															
c. AUTHORITY AND REASON AFM 35-7 (SPD-RBD)			d. EFFECTIVE DATE YEAR: 74 MONTH: OCT DAY: 31	10. REENLISTMENT CODE 2																														
6. CHARACTER OF SERVICE HONORABLE			f. TYPE OF CERTIFICATE ISSUED DD FM 363 AF																															
11. LAST DUTY ASSIGNMENT AND MAJOR COMMAND 4500 ABWg (TAC)			12. COMMAND TO WHICH TRANSFERRED N/A																															
13. TERMINAL DATE OF RESERVE/MSS OBLIGATION YEAR: MONTH: DAY: N/A		14. PLACE OF ENTRY INTO CURRENT ACTIVE SERVICE (City, State and ZIP Code) HAMPTON, VIRGINIA 23665			15. DATE ENTERED ACTIVE DUTY THIS PERIOD YEAR: 71 MONTH: AUG DAY: 21																													
16a. PRIMARY SPECIALTY NUMBER AND TITLE 81271-LAW ENFORCEMENT & CORRECTION SUPVR.		b. RELATED CIVILIAN OCCUPATION AND D.O.T. NUMBER 195.108- CASE WORKER		18. RECORD OF SERVICE																														
17a. SECONDARY SPECIALTY NUMBER AND TITLE NONE		b. RELATED CIVILIAN OCCUPATION AND D.O.T. NUMBER N/A		<table border="1"> <thead> <tr> <th></th> <th>YEARS</th> <th>MONTHS</th> <th>DAYS</th> </tr> </thead> <tbody> <tr> <td>(a) NET ACTIVE SERVICE THIS PERIOD</td> <td>03</td> <td>02</td> <td>10</td> </tr> <tr> <td>(b) PRIOR ACTIVE SERVICE</td> <td>17</td> <td>09</td> <td>21</td> </tr> <tr> <td>(c) TOTAL ACTIVE SERVICE (a + b)</td> <td>20</td> <td>00</td> <td>01</td> </tr> <tr> <td>(d) PRIOR INACTIVE SERVICE</td> <td>00</td> <td>00</td> <td>00</td> </tr> <tr> <td>(e) TOTAL SERVICE FOR PAY (c + d)</td> <td>20</td> <td>00</td> <td>01</td> </tr> <tr> <td>(f) FOREIGN AND/OR SEA SERVICE THIS PERIOD</td> <td>01</td> <td>02</td> <td>15</td> </tr> </tbody> </table>				YEARS	MONTHS	DAYS	(a) NET ACTIVE SERVICE THIS PERIOD	03	02	10	(b) PRIOR ACTIVE SERVICE	17	09	21	(c) TOTAL ACTIVE SERVICE (a + b)	20	00	01	(d) PRIOR INACTIVE SERVICE	00	00	00	(e) TOTAL SERVICE FOR PAY (c + d)	20	00	01	(f) FOREIGN AND/OR SEA SERVICE THIS PERIOD	01	02	15
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19. INDOCHINA OR KOREA SERVICE SINCE AUGUST 5, 1964 <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO			20. HIGHEST EDUCATION LEVEL SUCCESSFULLY COMPLETED (In Years) SECONDARY/HIGH SCHOOL: 12 YRS (1 - 12 grades) COLLEGE: 0 YRS																															
21. TIME LOST (Preceding Two Yrs.) NO TIME LOST.	22. DAYS ACCRUED LEAVE PAID 58	23. SERVICEMEN'S GROUP LIFE INSURANCE COVERAGE <input type="checkbox"/> \$15,000 <input type="checkbox"/> \$5,000 <input checked="" type="checkbox"/> x-20,000 <input type="checkbox"/> \$10,000 <input type="checkbox"/> NONE		24. DISABILITY SEVERANCE PAY <input checked="" type="checkbox"/> NO <input type="checkbox"/> YES AMOUNT: _____																														
25. PERSONNEL SECURITY INVESTIGATION a. TYPE: *BACKGROUND INVESTIGATION b. DATE COMPLETED: 27APR1956																																		
26. DECORATIONS, MEDALS, BADGES, COMMENDATIONS, CITATIONS AND CAMPAIGN RIBBONS AWARDED OR AUTHORIZED AFLSAw/4 OLC's AFM 900-3. AFGCMw/4 OLC's AFM 900-3.																																		
27. REMARKS BLOOD TYPE AB-NEGATIVE. AQE SCORES G65 A60 M60 E50. AF14545869. ITEM 8a (SELECTIVE SERVICE DATA NOT VERIFIED IN MEMBER'S PERSONNEL RECORDS). ITEM 25 CONT.....4TH DIST OSI, BOLLING AFB, WASH DC. DAFSC: 81271.																																		
28. MAILING ADDRESS AFTER SEPARATION (Street, RFD, City, County, State and ZIP Code) 3 WOODLAWN DRIVE HAMPTON, VIRGINIA 23666				29. SIGNATURE OF PERSON BEING SEPARATED <i>Carl D McNabb</i>																														
30. TYPED NAME, GRADE AND TITLE OF AUTHORIZING OFFICER WILLIAM A. OWENS JR MSGT, USAF NCOIC REENL & SEP SECTION				31. SIGNATURE OF OFFICER AUTHORIZED TO SIGN <i>[Signature]</i>																														

