


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

PERSONAL DATA	1. LAST NAME-FIRST NAME-MIDDLE NAME <b>REVELL WILLIAM HAYWARD</b>				2. SERVICE NUMBER <b>AF14387405</b>		3. SOCIAL SECURITY NUMBER <b>259 50 2897</b>			
	4. DEPARTMENT, COMPONENT AND BRANCH OR CLASS <b>AIR FORCE RegAF</b>				5a. GRADE, RATE OR RANK <b>TSGT</b>	b. PAY GRADE <b>E-6</b>	6. DATE OF RANK <b>01 DEC 66</b>	DAY	MONTH	YEAR
	7. U. S. CITIZEN <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		8. PLACE OF BIRTH (City and State or Country) <b>CUSSETA, GA</b>				9. DATE OF BIRTH <b>23 APR 33</b>	DAY	MONTH	YEAR
SELECTIVE SERVICE DATA	10a. SELECTIVE SERVICE NUMBER <b>NA</b>			b. SELECTIVE SERVICE LOCAL BOARD NUMBER, CITY, COUNTY, STATE AND ZIP CODE <b>NA</b>			c. DATE INDUCTED <b>NA</b>			
	11 a. TYPE OF TRANSFER OR DISCHARGE <b>DISCHARGE</b>				b. STATION OR INSTALLATION AT WHICH EFFECTED <b>ELLSWORTH AFB, SD</b>					
TRANSFER OR DISCHARGE DATA	c. REASON AND AUTHORITY <b>(SDN 900) SECTION A, CHAPTER 3, AFM39-10</b>					d. EFFECTIVE DATE <b>02 JAN 71</b>	DAY	MONTH	YEAR	
	12. LAST DUTY ASSIGNMENT AND MAJOR COMMAND <b>821 SPSq (SAC)</b>				13 a. CHARACTER OF SERVICE <b>HONORABLE</b>		b. TYPE OF CERTIFICATE ISSUED <b>DDForm256AF</b>			
	14. DISTRICT, AREA COMMAND OR CORPS TO WHICH RESERVIST TRANSFERRED <b>NA</b>						15. REENLISTMENT CODE <b>NA</b>			
	16. TERMINAL DATE OF RESERVE/UMTS OBLIGATION DAY MONTH YEAR <b>NA</b>		17. CURRENT ACTIVE SERVICE OTHER THAN BY INDUCTION a. SOURCE OF ENTRY: <input type="checkbox"/> ENLISTED (First Enlistment) <input type="checkbox"/> ENLISTED (Prior Service) <input checked="" type="checkbox"/> REENLISTED <input type="checkbox"/> OTHER				b. TERM OF SERVICE (Years) <b>6</b>	c. DATE OF ENTRY DAY MONTH YEAR <b>03 JAN 65</b>		
18. PRIOR REGULAR ENLISTMENTS <b>THREE (3)</b>		19. GRADE, RATE OR RANK AT TIME OF ENTRY INTO CURRENT ACTIVE SVC <b>SSGT 35</b>		20. PLACE OF ENTRY INTO CURRENT ACTIVE SERVICE (City and State) <b>LOWRY AFB, CO</b>						
21. HOME OF RECORD AT TIME OF ENTRY INTO ACTIVE SERVICE (Street, RFD, City, County, State and ZIP Code) <b>RR# 1 Box 188 MANCHESTER, GA</b>				22. STATEMENT OF SERVICE			YEARS	MONTHS	DAYS	
							a. CREDITABLE FOR BASIC PAY PURPOSES	(1) NET SERVICE THIS PER'OD <b>06 00 00</b>	(2) OTHER SERVICE <b>14 00 00</b>	(3) TOTAL (Line (1) plus Line (2)) <b>20 00 00</b>
23a. SPECIALTY NUMBER & TITLE <b>81170 SEC POL TECH</b>		b. RELATED CIVILIAN OCCUPATION AND D.O.T. NUMBER <b>NA</b>				b. TOTAL ACTIVE SERVICE <b>20 00 00</b>	c. FOREIGN AND/OR SEA SERVICE <b>01 03 19</b>			
24. DECORATIONS, MEDALS, BADGES, COMMENDATIONS, CITATIONS AND CAMPAIGN RIBBONS AWARDED OR AUTHORIZED <b>NDSM w/1 BSS AFLSA w/3 BR OLC AFGCM w/2 OLC SAEMR AFGCM w/1 BR OLC VSM AFOUA w/1 OLC</b>										
25. EDUCATION AND TRAINING COMPLETED <b>RANGER CRSE 2E-F2/011-F2 75100 TECH INSTR CRSE OPERATION SAFE SIDE I</b>										
VA AND EMP. SERVICE DATA	26a. NON-PAY PERIODS/TIME LOST (Preceding Two Years) <b>NO LOST TIME</b>		b. DAYS ACCRUED LEAVE PAID <b>60</b>		27. INSURANCE IN FORCE (NSLI or USGLI) <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		d. AMOUNT OF ALLOTMENT	c. MONTH ALLOTMENT DISCONTINUED <b>NA</b>		
	28. VA CLAIM NUMBER <b>NONE</b>		29. SERVICEMEN'S GROUP LIFE INSURANCE COVERAGE <input type="checkbox"/> \$10,000 <input type="checkbox"/> \$5,000 <input type="checkbox"/> NONE <b>X\$15,000</b>							
REMARKS	30. REMARKS <b>COLLEGE: 22 SH BLOOD GROUP: O POS ODSD: 31MAY59 BI: 10JAN56, 1st DIST OSI/TOP SECRET AQE: G90, A80, M60, E80, Rad Op80</b>									
AUTHENTICATION	31. PERMANENT ADDRESS FOR MAILING PURPOSES AFTER TRANSFER OR DISCHARGE (Street, RFD, City, County, State and ZIP Code) <b>SAME AS ITEM #21</b>				32. SIGNATURE OF PERSON BEING TRANSFERRED OR DISCHARGED 					
	33. TYPED NAME, GRADE AND TITLE OF AUTHORIZING OFFICER <b>R. MIKE PERRY 1stLT, USAF CHIEF, CAC SECTION</b>				34. SIGNATURE OF OFFICER AUTHORIZED TO SIGN 