

AUGMENTEE

PERSONAL DATA	1. LAST NAME - FIRST NAME - MIDDLE NAME <b>REINER EUGENE</b>		2. SERVICE NUMBER <b>AF11863407</b>		3. SOCIAL SECURITY NUMBER <b>0495</b>			
	4. DEPARTMENT, COMPONENT AND BRANCH OR CLASS <b>AIR FORCE MAGAF</b>			5a. GRADE, RATE OR RANK <b>SQT</b>	6. PAY GRADE <b>24</b>	7. DATE OF ENLISTMENT DAY: <b>1</b> MONTH: <b>MAY</b> YEAR: <b>69</b>		
	7. U. S. CITIZEN <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		8. PLACE OF BIRTH (City and State or Country) <b>PHILADELPHIA, PA</b>		9. DATE OF BIRTH DAY: <b>1</b> MONTH: <b>JUL</b> YEAR: <b>49</b>			
SELECTIVE SERVICE DATA	10a. SELECTIVE SERVICE NUMBER <b>36 139 49</b>		10b. SELECTIVE SERVICE LOCAL BOARD NUMBER CITY, COUNTY, STATE AND ZIP CODE <b>LB#139, PHILA, PHILA, PA</b>			10c. DATE INDUCTED DAY: <b>NA</b> MONTH: <b>5</b> YEAR: <b></b>		
	11a. TYPE OF TRANSFER OR DISCHARGE <b>RELEASE FROM ACTIVE DUTY</b>			11b. STATION OR INSTALLATION AT WHICH EFFECTED <b>TRAVIS AFB, FAIRFIELD, CA</b>				
TRANSFER OR DISCHARGE DATA	12. REASON AND AUTHORITY <b>PARA 3-8C, SEC B, AFM 39-10 (SDN411) COG</b>			13. EFFECTIVE DATE DAY: <b>22</b> MONTH: <b>JUL</b> YEAR: <b>71</b>				
	12. LAST DUTY ASSIGNMENT AND MAJOR COMMAND <b>824 GCS (PACAF)</b>		13a. CHARACTER OF SERVICE <b>HONORABLE</b>		13b. TYPE OF CERTIFICATE ISSUED <b>NA</b>			
	14. DISTRICT, AREA COMMAND OR CORPS TO WHICH RESERVIST TRANSFERRED <b>USAFR</b>			15. REENLISTMENT CODE <b>RE-1</b>				
	16. TERMINAL DATE OF RESERVE/UNIT'S CELEBRATION DAY: <b>26</b> MONTH: <b>JUL</b> YEAR: <b>73</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 AFQT: <b>8C (48-III)</b>		18. YEARS OF SERVICE (Years) <b>4</b>		19. DATE OF ENTRY DAY: <b>27</b> MONTH: <b>JUL</b> YEAR: <b>67</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>PHILADELPHIA, PA</b>				
21. HOME OF RECORD AT TIME OF ENTRY INTO ACTIVE SERVICE (Street, R.F.D. City, County, State and ZIP Code) <b>2875 NAUTILUS RD PHILADELPHIA, PA 19154</b>		22a. SPECIALTY NUMBER & TITLE <b>54650 LIQUID FUEL SYS MAINT</b>		22b. RELATED CIVILIAN OCCUPATION AND DOT NUMBER <b>MECHANICAL INSP 630.281</b>		22. STATEMENT OF SERVICE		
				a. CREDITABLE FOR BASIC PAY PURPOSES		b. TOTAL ACTIVE SERVICE		
				1) NET SERVICE THIS PERIOD <b>03 11 26</b>		03 11 26		
				2) OTHER SERVICE <b>00 00 00</b>		03 11 26		
				3) TOTAL (Line (1) plus Line (2)) <b>03 11 26</b>		03 11 26		
				4) FOREIGN AND/OR SEA SERVICE <b>02 08 18</b>		02 08 18		
24. DECORATIONS, MEDALS, BADGES, COMMENDATIONS, CITATIONS AND CAMPAIGN RIBBONS AWARDED OR AUTHORIZED <b>NDSM; VSM; RVGM: AFM 900-3 AFGCM: (27JUL67-26JUL70) AFM 900-3 AFCM: SOG-4343, 24OCT69-(5NOV68-4NOV69) 377 GCS</b>								
25. EDUCATION AND TRAINING COMPLETED <b>LIQUID FUEL SYS MAINT SPECL ABR54630W LIQUID FUEL SYS MAINT SPECL-TECH CONVENTIONAL CRSE 54601</b>								
VA AND EMP SERVICE DATA	26a. NON-PAY PERIODS/TIME LOST (Preceding Two Years) <b>NO NON PAY PERIODS NO TIME LOST</b>		26b. DAYS ACCRUED LEAVE PAID <b>22 DAYS</b>		27a. INSURANCE IN FORCE (INELI or USGLD) <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		27b. AMOUNT OF ALLOTMENT <b>NA</b>	
			28. VA CLAIM NUMBER <b>NA</b>		29. SERVICEMEN'S GROUP LIFE INSURANCE COVERAGE <input type="checkbox"/> \$10,000 <input type="checkbox"/> \$5,000 <input type="checkbox"/> NONE <b>\$15,000</b>			
30. REMARKS <b>HS-11YHS/BLOOD GROUP-O POS/G-65, A-55, M-65, E-75UNDTD/LNAG, 17AUG67, DOBNAOC, FT HOLABIRD, MD21219/"I HAVE BEEN COUNSELED 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>								
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 <i>Eugene Reiner</i>				
	33. TYPED NAME GRADE AND TITLE OF AUTHORIZING OFFICER <b>R SCHMIDT, MSGT, USAF NGOIC, PORT SEPARATIONS SECTION</b>			34. SIGNATURE OF OFFICER AUTHORIZED TO SIGN <i>R Schmidt</i>				