

PERSONAL DATA	1. LAST NAME - FIRST NAME - MIDDLE NAME <b>SAPIO THOMAS JOSEPH</b>				2. SERVICE NUMBER <b>AF11763365</b>			3.			
	4. DEPARTMENT, COMPONENT AND BRANCH OR CLASS <b>AIR FORCE (RegAF)</b>				5a. GRADE, RATE OR RANK <b>Sgt</b>		6. PAY GRADE <b>E4</b>	7. DATE OF RANK <b>1 Jan 70</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>Summit, New Jersey</b>				9. DATE OF BIRTH <b>30 Aug 47</b>	DAY MONTH YEAR	DAY MONTH YEAR		
SELECTIVE SERVICE DATA	10a. SELECTIVE SERVICE NUMBER <b>28 34 47 1825</b>			10b. SELECTIVE SERVICE LOCAL BOARD NUMBER, CITY, COUNTY, STATE AND ZIP CODE <b>LB 34, Morristown, Morris, New Jersey 07940</b>				c. DATE INDUCTED <b>NA</b>			
	11a. TYPE OF TRANSFER OR DISCHARGE <b>Release from active duty</b>				11b. STATION OR INSTALLATION AT WHICH EFFECTED <b>Bergstrom AFB, Austin, Texas</b>						
TRANSFER OR DISCHARGE DATA	c. REASON AND AUTHORITY <b>(SDN 421) Ch3, SecB, para 3-8q AFM 39-10 &amp; MSG DPMKP/B/339/</b>				71 282120Z, Oct 71		d. EFFECTIVE DATE <b>9 Dec 71</b>	DAY MONTH YEAR	DAY MONTH YEAR		
	12. LAST DUTY ASSIGNMENT AND MAJOR COMMAND <b>67 Trans Sq (TAG)</b>				13a. CHARACTER OF SERVICE <b>HONORABLE</b>			b. 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/UMT & OBLIGATION DAY MONTH YEAR <b>26 Dec 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>14-IV</b>				b. TERM OF SERVICE (Years) <b>4</b>	c. DATE OF ENTRY DAY MONTH YEAR <b>27 Dec 67</b>		
SERVICE DATA	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>Newark, New Jersey</b>					
	21. HOME OF RECORD AT TIME OF ENTRY INTO ACTIVE SERVICE (Street, RFD, City, County, State and ZIP Code) <b>203 Greenwood Ave Madison, Morris, New Jersey 07940</b>				22. STATEMENT OF SERVICE			YEARS	MONTHS	DAYS	
	23a. SPECIALTY NUMBER & TITLE <b>60134- Package Spec</b>				b. RELATED CIVILIAN OCCUPATION AND D.O.T. NUMBER <b>None</b>		a. CREDITABLE FOR BASIC PAY PURPOSES	(1) NET SERVICE THIS PERIOD	03	11	11
							(2) OTHER SERVICE	00	00	00	
							(3) TOTAL (Line (1) plus Line (2))	03	11	11	
							b. TOTAL ACTIVE SERVICE	03	11	11	
						c. FOREIGN AND/OR SEA SERVICE	01	00	02		
24. DECORATIONS, MEDALS, BADGES, COMMENDATIONS, CITATIONS AND CAMPAIGN RIBBONS AWARDED OR AUTHORIZED <b>NDSM AFM 900-3//SAFER AFM 900-3//VSM AFM 900-3//RVCM AFM 900-3//RVCC w/Palm SOGB-75, 30Jan70 DAF//AFCM SOG-1141, 16Mar70//AFOWA w/V SOGB-47, 2Jan70; DAF//</b>											
25. EDUCATION AND TRAINING COMPLETED <b>Basic Mil Tng ABM00010, Compl68//Air Floiceman AF Supv (ECI) 77150, Compl68// Upgrade Tng Gen Subj (ECI), Compl68//Scty Police Cmbt Preparedness Crse 3ABR81150, Compl69//</b>											
VA AND EMP. SERVICE DATA	26a. NON-PAY PERIODS/TIME LOST (Preceding Two Years) <b>No time lost</b>			b. DAYS ACCRUED LEAVE PAID <b>18</b>		27a. INSURANCE IN FORCE (NSLI or USGLI) <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		b. AMOUNT OF ALLOTMENT <b>NA</b>		c. MONTH ALLOTMENT DISCONTINUED <b>NA</b>	
				28. VA CLAIM NUMBER <b>C- 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>					
REMARKS	30. REMARKS <b>High School - Grad//Blood Gp: O-Pos//AQE: G40,A20,M30,E45,66//LNAS, 15Jan68, DOD NAC Center, Fort Holabird, Maryland 21219//DAFSC: 60154//"I have been counseled as to the 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>Thomas J. Sapiro</i>					
	33. TYPED NAME, GRADE AND TITLE OF AUTHORIZING OFFICER <b>DONALD E CAMPBELL., MSGT., USAF NCOIC, CBPO-CAC</b>					34. SIGNATURE OF OFFICER AUTHORIZED TO SIGN <i>Donald E Campbell</i>					